

my:Jeevika Livestock Insurance Policy - Proposal Form

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly. All details with * are Intermediary Code* mandatory. Intermediary Location Code
2. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form Intermediary Employee Code
3. A Certificate issued by a qualified Veterinary Surgeon must accompany this proposal. Intermediary Reference Code

Note: The liability of the Company does not commence until the proposal has been accepted by the Company Sales Manager Code and premium received and tagging of the animal done in advance .

FOR OFFICE USE ONLY

Branch Code		Intermediary Code*		Intermediary Location Code	
Intermediary Employee Code		Intermediary Reference Code		Sales Manager Code	

PROPOSER'S INFORMATION

Name of Proposer*: Mr/Mrs/Miss/Ms/Others

Customer ID Pan No. Gender ☐ M ☐ F Date of Birth*

Contact No*: Landline Mobile no Marital Status: ☐ Single ☐ Married

Occupation Annual Income

Father's Name*:

Contact Person (In case of Corporate):

Correspondence Address*:

Village: Mandal/Block *

District /City* State * Pin Code*

Email:

*Period of Insurance: From A.M/P.M onTo Midnight of Policy Term: ☐ Annual/<Number of Years>

Previous Claim experience (for the last three years)

Policy Number	Policy Period	Name of the Insurer	Claim Amount	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Give the following particulars in full for animal proposed for Insurance:

LTGICL Tag No	Type of Animal and Breed	Sex, Colour and full distinguishing Marks (such as earmark, soars etc)	Horn shape (R & L) and Tail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age in Years	Date of Purchase	Present Market value	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra Information:

*Intended use of the animal:

*Information on Pre- existing diseases:

Number of Calving:	Date of Last Calving:	Any other Identification Mark:
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Location of the farm/place where the animals are stabled:

< Give Full Address>

Give full particulars of the construction of the shed:

Veterinary Services available in the vicinity of where the animal/s is stabled: ☐ Own ☐ dependent on Government Veterinary services>

Number of qualified Veterinaries: ☐ whether part time ☐ whole time ☐ on retainer basis>

Distance from veterinary dispensary:

Have you insured all the animals owned by you? ☐ Yes ☐ No (Give details):

Is the animal subsidized under any Government sponsored scheme: <Name of Scheme>

Name and address of the Mortgagor/Financier :

< Name and address of the Bank or other Financing agency, if any>.

Premium Calculation:

Basic Premium for Livestock	Premium rate %	Premium Rs
Whether permanent total disability cover is desired <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium Rate %	Premium Rs
Whether Transit Cover required for _____ kms <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium Rate % :	Premium Rs
Add for Exotic Breed If applicable Premium Rate %		
Net Premium		
Add Service Tax @		
Total Premium		

***PREMIUM PAYMENT**

☐ Cash# ☐ Cheque ☐ Demand Draft ☐ Credit Card ☐ Visa Master ☐ Others _____

Premium Amount Rs _____ Amount in words: _____

Instrument No: _____ Instrument Date: _____ Instrument Amount: Rs _____

Bank Name: _____

For Credit card/Debit Card:

Authentication No: _____ Card No: _____

Expiry Date _____ Name of the Credit card holder: _____

(Note: 1) Only Proposer's Card to be accepted. 2) # cash towards premium will be accepted at our offices only.)

DECLARATION

I/We propose to insure the above mentioned animal/s owned by me with the L & T General Insurance Company Ltd. subject to the terms, conditions, and exclusions of the Company's Policy. I/we warrant that the statements contained in this Proposal Form are true and accurate representations and that all the animals are sound and in good health, and free from disease and that they are and shall be used solely for the purpose stated above. I/We agree that no information material to the insurance has been withheld and agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and L & T General Insurance Company Ltd.

I/We also agree that if any additions / alterations are carried out after the submission of this Proposal Form to the Company, then the same will be communicated to the Company immediately in writing.

I consent that the insurance would be effective only on acceptance of this proposal by the Company and on payment of requisite premium in advance. In the event of non realization of the premium, the Policy shall be cancelled 'ab initio' and the Company shall not be responsible for any liabilities of whatsoever nature under the Policy.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal

Place: _____

Date

Time: _____

Signature of the Proposer

Important Note: No Tag No Claim: Claim shall not be payable if the tag is not submitted or verified by the Company at the time of death of the animal or if the tag is lost and not reported for retagging.

There is waiting period of 15 days except for claim due to accident.

Indicative Guidelines:

Type of Animal: ☐ Either Cow ☐ Buffalo ☐ Castrated Male Buffalo ☐ Stud Bull ☐ Bullock ☐ Sheep ☐ Goat ☐ Pig
☐ Calf, ☐ Heifer

Breed: ☐ Indigenous ☐ Cross ☐ Exotic

Type of Breed: ☐ Surti ☐ Mehsani ☐ Murrah ☐ ND in case of Buffalo ☐ and Jersey ☐ HF ☐ Gir ☐ ND in case of Cow

Body Colour: ☐ Black ☐ Grey ☐ white ☐ Brown ☐ Patches

Horn Shape: ☐ Straight ☐ Sickle ☐ Crescent ☐ Rolled ☐ Stub

Tail end: ☐ White ☐ Black ☐ and Brown

PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

Indicative Format of Livestock Insurance - Veterinary Health Certificate

Name of the Livestock owner	Address of Livestock owner::	Description of the animal proposed for Insurance:	Animal:<Cow/Bullock/Buffalo/sheep/goat/Pig>
Sex:	Breed:	Age in years:	Ear tag/Rfid number:
Identification details:	Vaccination particulars:	Date of Parturation (in case of Pregnancy):	No of Lactation (in case of Pregnancy):
Colour of the Animal:	Special Identification Features if any:	Size of horns:	Distance between two base horns:
Milk Yield per day:	Age at first Calving (in months) and Number of Calving:	Date of Last Calving:	Present Market value:

Sum Insured for which Insurance is required:

The above mentioned animal is carefully examined by me and found to be in sound health. I/we certify that the animal is free from any pre-existing illness, injury and is in a fit condition for Insurance. I/we certify that the cost of the animal mentioned above is reasonably accurate. I further confirm that animals are successfully tagged.

Signature and Seal of Govt Authorized Veterinary surgeon	Signature of Proposer (Counter signed for veracity of Veterinary Certificate)
Name:	Name
Registration. No:	Place
Place & Address:	Date
Date:	