



AGRINSURANCE PROPOSAL FORM- BIRDS

Broker/Agent:		Code:
Name:		
Contact details:		

SECTION 1: PERSONAL DETAILS OF PROPOSER

Surname:	Other names:			
Identity:	National ID	Village ID	Driving licence	Passport
Identification Number:				
Postal:				
Telephone:				
Email:				

FINANCIAL INSTITUTION DETAILS

Account Names:	
Bank Branch	Account Number
Loan amount	

SECTION 2: THE FARM LOCATION

District:	
County/ Division:	
Sub-county/ Town:	
Parish/ Ward:	
Village/ Zone:	
LC1 letter <i>(if no ID available)</i>	
Farm size:	
GPS Coordinates: <i>(will be filled in by insurer)</i>	

2.1 Farm Management

	Management		Supervisory		Security	Labourer
	Name	Qualification	Name	Qualification	Number	Number

2.2 Details of farm animals to be insured

Copy this page if you have more animals

N o.	No. of Animals	Breed	Sex F /M	Age Months Years	Sum Insured (UGX)

A veterinary certificate is required before insurance.

2.3 The farm and its surrounding environment (please tick where applicable)

Waterside		Forest		flood risk	
Plain		Plantations*		landslide risk	
Undulating		Pastureland*		mudslide risk	
Hilly		Animal farm*		town	
Swampy		lake		rural	
Slope		river		fenced	
Flat		swamp		Open land	

*- Specify which crops and animals: _____

SECTION 3: INSURANCE ASPECTS

3.1 Proposer details

a)	Profession, trade, business or occupation of the proposer	
b)	How long have you been in the animal production business?	
c)	What is the total number of animals of the same category owned by the proposer?	
d)	What is total number of animals you want insured?	
e)	How long have the animals been in your possession?	
f)	What is the purpose for which the animals are kept?	
g)	Do you have a loan? If yes, who is your financier?	
h)	How many animals have you lost in the last 3 years?	
i)	What were the major causes of death?	

3.2 Animal Health and Condition

a)	Is any proposed animal unsound or in poor health?	
b)	Has any proposed animal suffered any illness or injury in the last year? If yes, list illness(s) and the animal identification	
c)	Has any proposed animal received any operative treatment in the last year? If yes, list what	
d)	Has any proposed animal been exposed to contagious or infectious disease in the last 12 months? If yes, list which ones	

3.3 General Information

a)	Specify which risks, pests and diseases are of importance	
b)	Additional Information	

d) Have you ever been convicted of /received a formal police caution /have any prosecution pending in respect of, arson or any offence involving dishonesty of any kind, e.g. fraud, robbery, theft or the handling of stolen goods?

.....

4.0 DECLARATION

I/We wish to insure with the Insurer in the terms of the Policy issued for this class of business. I/We warrant that the statements and particulars entered in this Proposal are true and that I/We have not withheld any material information. I/We agree to give immediate notice to the Insurer of any alteration in the circumstances described herein and that this proposal shall form the basis of the contract between us.

Proposer's Signature:

Date :