



Agro Consortium

AGRINSURANCE PROPOSAL FORM – CROP

Broker/Agent:		Code:
Name:		
Contact details:		

SECTION 1: PERSONAL DETAILS OF PROPOSER

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

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 (acres):	
Village GPS Coordinates: <i>(will be filled in by insurer)</i>	

2.1 Farm Management

	Management		Supervisory		Security	Labourer
	Name	Qualification level	Name	Qualification level	No.	No.

2.2 Farm Details (tick where applicable)

Topography	Acres	Soil type	Acres	Machinery (no.)
Waterside		Sand		Tractor
Plain		Clay		Plough
Undulating		Loam		Cultivator
Hilly		Alluvial		Planter
Swampy		Laterite		Sprayer
Slope		Peat		Spreader
Flat				Irrigation

Other machinery: _____

2.3 Surrounding environment (tick where applicable)

Forest		flood risk	
Plantations*		landslide risk	
Pastureland*		mudslide risk	
Animal farm*		town	
lake		rural	
river		fenced	
swamp		Open land	

*- Specify which crops and animals: _____

SECTION 3: INSURANCE ASPECTS

- How long have you been in current business?
- What types of crops do you have on your farm?
- What crops do you want to be insured (*Fill in the details below*)?
- Period of Insurance /Season &Year: (From):(To):

Crop			
Variety			
Sowing window			
Vegetative period			
Acres			
Age (for perennials only)			
Plant spacing (meters)			
No. of plants/acre			
Input Costs¹ / acre²			
Expected Production (Mts)			
Market value (UGX /Mt)²			
Markets supplied			
Requested sum insured²/acre			

¹ : seeds, fertilizers, crop protection products, irrigation, fuel, land rents, labour etc.

² : Use the same currency/values as used in the insurance contract



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Loss Experience over the Last 10 Years (Where applicable)

Year	Crop	Area planted	Area affected	Causes	Value of Loss ²

What do you consider to be the biggest threat to your crops?

Is there any active risk management implemented on the farm? (e.g. drought resistant varieties, contour farming, windbreaks, irrigation, etc.)

List risks you would like to have covered? (*List in preference starting with 1, -2, 3, etc*)

Drought		Excessive rainfall	
Fire		Windstorm	
Hail		Pests ³	
Frost		Diseases ⁴	

³ List pests in order of importance (*for information purposes only*)

⁴ list diseases in order of importance (*for information purposes only*)

5. 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 :