



Agro Consortium

DROUGHT INDEX PROPOSAL FORM – CROP

Broker/Agent:		Code:
Name:		
Contact details:		

SECTION 1: FARMER GROUP DETAILS OF PROPOSER

Farmer Group Name		
Type of group		
Group Leaders	Designation	Contacts
Postal:		
Telephone:		
Email:		

SECTION 2 – THE FARMER GROUP LOCATION

District:	
County/ Division:	
Sub-county/ Town:	
Parish/ Ward:	
Village/ Zone:	
LC1 letter <i>(if no ID available)</i>	
Average Farm size (acres):	
Number of farmers in group	
Total premium collected (UGX)	
Village GPS Coordinates: <i>(will be filled in by insurer)</i>	



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SECTION 3 – FARMERS` SCHEDULE

Name	Phone contact	Crop planted	Farm size (acres)	Sum insured (UGX)	Premium paid

SECTION 4 – 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 Signatures:

Date: