



AGRINSURANCE PROPOSAL FORM- BIRDS

Broker/Agent:		Code:
Name:		
Contact details:		

SECTION 1: DETAILS OF PROPOSER

Name:	Other names:			
Identity:	National ID	Village ID	Driving license	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>	

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SECTION 3: FARM DETAILS

1. Type of Birds: Broilers Layers Hatchery

2. Description of the birds to be insured

Unit	Date of Hatch of birds	Date of Purchase	No of birds purchased as per delivery	Total no of birds in the unit at proposal	Breed strain	Age in weeks at proposal	Source of purchase	Expected date of disposal

3. Cost of day old chick: _____

4. Value per bird: _____

5. What is the system of Housing of the Birds?

- i. In brooding House: Deep Litter Cage system
 ii. In grower House: Deep Litter Cage system
 iii. In layer House: Deep Litter Cage system

6. Equipment:

- i. No of feeders: _____
 ii. No of Drinkers: _____
 iii. No of Brooders: _____

7. Is a qualified Vet. Surgeon employed to look after the farm: Yes No

8. If yes, please give his:

- i. Name: _____
 ii. Qualification: _____
 iii. Regd. No. _____
 iv. Is he residing at the farm 24 hours? Yes No

9. If qualified Vet. Is not employed, then on whose services do you depend upon:

10. Details of other Technical persons residing at the farm premises

Name: _____

Qualification: _____

Job Description: _____

11. Are the diagnostic equipment/agents maintained at the farm: _____

12. Do you stock essential medicines at the farm: _____

13. Do you manufacture your own feed or get it from the market: _____

14. Is the owner/partner/associate experienced in poultry farming Or have undergone any training: _____

15. Details of vaccination conducted during last six months:

Unit No	Date of vaccination	Age of birds	Disease against which vaccinated	Trade No	Name of vaccine	Batch No	Vaccination done

16. Details of debeaking

Unit No.					
Date of debeaking					

17. Details of deworming

Unit No.					
Date of deworming					

18. Has there been any epidemic outbreak during last 3 years? If so, give details:

19. Do you maintain the following records?

- a) Flock record on day to day basis: _____
- b) Mortality record: _____
- c) Culling: _____
- d) Vaccination and medication particulars: _____
- e) Feed consumption: _____
- f) Production: _____
- g) Debeaking: _____
- h) Incidence of diseases: _____
- i) Purchase and sales: _____

20. When was the farm established? _____

SECTION 4: INSURANCE ASPECTS

1. Have you at any time proposed your birds for insurance? If so, give name and address of the Company: _____

2. Has any Company:

- i. Declined to issue a policy to you? _____
- ii. Declined to continue insurance? _____
- iii. Not invited renewal of policy? _____

3. Period of Insurance for the present proposal: From _____ to _____



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SECTION 5: DECLARATION

I/We agree to declare daily mortality details on weekly basis to the company.

I/We declare that the foregoing statements are true to the best of my/our knowledge and belief, that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of contract between me/us and the company.

Date: _____

Place: _____

Signature of the Proposer