

## FARMER'S PACKAGE POLICY-SOOKSHMA PROPOSAL FORM

### IMPORTANT GUIDELINES:

1. **Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.**
2. **Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
3. **Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.**
4. **It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.**
5. **Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.**

### FOR OFFICE USE

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:     Agency             Banca             Corporate/Broking             Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

1. Date of proposal
2. Previous policy no (in case of renewal)
3. Name of proposer
4. Date of Birth/ Age:                      Gender: Male/ Female
5. Type of Farm
6. Farmhouse
7. Present Address of Proposer
 

City	State	Pincode
Telephone		
Permanent Address of Proposer (if left blank, will be construed as being same as Present Address)		
City	State	Pincode
Telephone		
8. Contact person details (where proposer is not an individual)
  - a. Name
  - b. Designation
9. CKYC Number (if available):
10. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

11. Policy period: Commencement date ( ) am /pm Expiry date ( ) am/pm  
 12. Period of Insurance  
 13. Coverage parts

**Cover 1 & Cover 2 are compulsory covers**

Cover 1: Building and Contents  
 Business and Location of Business

<b>1.</b>	Business of Proposer						
<b>2.</b>	Location of Risk/business to be covered - full-postal address  with  Pin code	Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*
		*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)					

Details about business covered at the insured location

<b>3.</b>	Details of insured property	Please tick in the space below:
<b>a.</b>	Offices, Shops, Hotels, etc	Yes / No
<b>b.</b>	Industrial / Manufacturing risks	Yes / No
<b>c.</b>	Storage outside Industrial/ Manufacturing risks	Yes / No
<b>d.</b>	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes / No
<b>e.</b>	Utilities located outside Industrial/Manufacturing risks.	Yes / No
<b>f.</b>	Boundary wall	Yes / No
<b>g.</b>	Basement storage	Yes / No  If, yes value stored SI: ₹.....
<b>h.</b>	Others (please specify)	
<b>4.</b>	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	

<p><b>5.</b> If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)</p>									
<p><b>6.</b> If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?</p>									
<p><b>7.</b> Fire Protection devices installed</p>	<p>Please tick the correct answer in the box below.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Portable Extinguishers</li> <li><input type="checkbox"/> Small bore hose reels</li> <li><input type="checkbox"/> Trailer Pumps/Fire engines</li> <li><input type="checkbox"/> Hydrant System</li> <li><input type="checkbox"/> Sprinkler System</li> <li><input type="checkbox"/> Fixed Water Spray System</li> <li><input type="checkbox"/> Foam System</li> <li><input type="checkbox"/> Fire Alarm System</li> <li><input type="checkbox"/> Gas Flooding System</li> <li><input type="checkbox"/> Others, please specify below.</li> </ul>								
<p><b>8.</b> Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force</p>									
<p><b>9.</b> Construction details</p>									
<p><b>a.</b> Please state material used</p>	<p>Please tick the correct answer in the box.</p>								
<p><b>i.</b> Walls</p>	<p>Kutchra / Pucca</p>								
<p><b>ii.</b> Floor</p>	<p>Kutchra / Pucca</p>								
<p><b>iii.</b> Roof</p>	<p>Kutchra / Pucca</p>								
<p><b>Note:</b>  <i>Kutchra: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutchra Construction.</i>  <i>Pucca: Buildings other than Kutchra are treated as Pucca constructions</i></p>									
<p><b>b.</b> Number of Floors</p>									
<p><b>c.</b> Age of the Building</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Less than 5 Years</td> <td style="width: 40%;"></td> </tr> <tr> <td>5-10 Years</td> <td></td> </tr> <tr> <td>10-20 Years</td> <td></td> </tr> <tr> <td>Above 20 Years</td> <td></td> </tr> </table>	Less than 5 Years		5-10 Years		10-20 Years		Above 20 Years	
Less than 5 Years									
5-10 Years									
10-20 Years									
Above 20 Years									
<p><b>10.</b> Distance between the risk to be covered and nearest Fire Brigade</p>									

<b>11.</b>	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)			
<b>12.</b>	Whether Insurance was declined by any other Company (Give details)			
<b>13.</b>	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim
			₹	₹
			₹	₹
			₹	₹
			₹	₹
		TOTAL	₹	₹

Sum Insured and Other details of Insured Property (*Indicate Sum Insured on the following basis:*

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
- For raw material: Landed Cost;
- For stock in process: Input Cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price\* of goods sold but not delivered, as applicable.

\* Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

14.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total

Details for in-built cover for Floater

<b>15.</b> Floater Cover (for stocks at various locations)	Location (Postal Address with Pin code)	Sum Insured (in ₹)

i) Maximum value at any one location: ₹.....  
ii) Whether stocks stored in open: Yes/No

Standard Add-On

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below:

<b>16.</b> Stocks which fluctuate in value to be covered on (monthly) declaration basis:
Amount (₹):

### Cover 2: Robbery and Burglary

- a) Buildings: Sum Insured: Rs. 5000/- each and every claim and in the aggregate for all claims in the Policy Period.  
b) Contents in at the Insured location

(Note: The Sum Insured should be the same as that provided above under Contents 1: Contents)

	Description	Sub-limit of Sum Insured, if any
	(x)	
	(x)	
Total Sum Insured		

- c) Deductible: 5% of the Sum Insured subject to a minimum of Rs. 500/- and maximum of Rs. 10,000/- for each and every claim

### Cover 3: Farm Produce

- a) Farm Business:  
b) Farm Produce:

	Details of farm produce & Storage location	Sub-limit of Sum Insured, if any
	(x)	
	(x)	
Total Sum Insured		

(Note:

- i. Please ensure that the value in respect of the Farm produce is the replacement value of the Farm Produce at the commencement date of the Policy Period, being the cost or replacing the Farm produce with equivalent farm produce of the same kind.
  - ii. Any Farm produce (solid or liquid) that is, in the reasonable opinion of the Company, whole or part, easily combustible shall be covered only upto 1% of the total sum insured above).
- c) Deductible: The lesser of Rs. 25,000/- or 5% of the Sum Insured for each and every claim.

#### Cover 4: Agricultural Pump set

##### a) Pump Set

	Number, Make, Year of Manufacturer, Electrical or Diesel, Capacity	Value	Sub-limit of Sum Insured, if any
Total Sum Insured			

(Note: Please ensure that the value in respect of the Pump set is the replacement value of the Pump Set at the commencement date of the Policy Period, being the cost of replacing that Pump Set with an equivalent pump set of the same kind and capacity)

Is the Pump Set in working condition? Yes/No

- b) Deductible: First Rs. 100 of each and every claim.

#### Cover 5: Poultry

##### a) Poultry

- i. Is the poultry on the Farm owned by you? Yes/No
- ii. Is it located within your Farm: Yes/No

(Note: Cover is available only if both answers above are "Yes")

	Type of Poultry	Average Age	Number	Value	Sub-limit of Sum Insured, if any
	(Broiler)				
	(Layer)				
Total Sum Insured					

(Note:

- i. Please ensure that the value in respect of the poultry is the replacement value as at the commencement date of the Policy Period, being the cost of replacing the poultry with poultry of the same type, breed, age, and health.
- ii. The number of poultry should be a minimum of 1000 if bank financed or a minimum of 5000 otherwise.
- iii. If there is bank finance, please give details as below:

Name of Bank	Branch	Date of taking finance	Remarks

- iv. Is certificate from a qualified veterinarian practitioner enclosed regarding the good health of the poultry: Yes/No
- v. Are proper and daily records maintained on the treatment, de-breaking, daily stock position, feed consumption, egg production undertaken for the poultry and are certificates being issued for the same by a qualified veterinary practitioner?

b) Deductible: 20% of each and every claim

c) Mortality rates:

Broiler	Mortality rate
1 day old to 8 weeks	5% of population in each batch
Layers	Mortality rate
1 day old to 8 weeks	5% of population in each batch
9 <sup>th</sup> week to 20 weeks	3% of population in each batch
21 <sup>st</sup> week to 72 weeks	1% of population in each batch

### Cover 6: Cart Protection & Liability

b) Cart

i. Sum Insured:

(Note: Please ensure that the insured value of the Cart is its replacement value at the commencement date of the Policy period, being the cost or replacing that Cart with an equivalent cart of the same kind and capacity) ii. Deductible: Rs. 500 of each and every claim

c) Death/PTD of the animal attached to the Cart

i. Sum Insured

(Note: Please ensure that the value of the animal is its replacement value as at the commencement date of the Policy Period, being the cost of replacing the animal with an animal of the same type, breed, age and health)

ii. Deductible: Rs. 100 of each and every claim except in the case of a total loss caused directly and solely by fire.

d) Death/PTD of authorised driver of the Cart

- i. Sum Insured: (not exceeding Rs. 10,000/-) each and every claim and in the aggregate for all claims in any one Policy period.
  - ii. Deductible: NIL
- e) Third Party Liability
- i. Limit of Indemnity: (not exceeding Rs. 10,000/- ) each and every claim, but not exceeding in aggregate Rs. 25,000/- in any one Policy Period.
  - ii. Deductible: Rs. 500 of each and every claim on third party property damage only Details of cart, like type of animal used number of animals used wheel type, App. Size, make up of wooden, metal, etc or other details:

#### Cover 7: Tractors

a) Sum Insured

	Reg. No.	Eng. No.	Number, Make, Year of Manufacturer, Diesel or Petrol	Value	Sub-limit of Sum Insured, if any
Total Sum Insured					

(Note: Please ensure that the value of the Tractor is the replacement value of the Tractor at the commencement date of the Policy Period, being the cost of replacing that Tractor with an equivalent tractor of the same kind and capacity)

b) Deductible: As per the Motor Policy attached

#### Cover 8: Pedal Cycle

a) Pedal Cycle

	Number, Make, Model and Year of	Value	Sub-limit of Sum Insured, if any
	Manufacturer		
Total Sum Insured			

(Note: Please ensure that the value of the Pedal Cycle is its replacement value at the commencement date of the Policy Period, being the cost of replacing that Pedal cycle with an equivalent pedal cycle of the same kind and capacity)

b) Third Party Liability

Limit of Indemnity: (Not in excess of Rs. 5,000) each and every claim and in the aggregate for all claims in any one Policy Period

- c) Deductible Rs. 100 of each and every claim

**Cover 9: Personal Accident**

a)

Sr. No.	Named Insured	Age	Relationship with the Insured	Name of Nominee	Sum Insured	Existing disability, if any
Total Sum insured						

- b) Deductible: (Nil) each and every claim

**Cover 10: Baggage**

(Note: Please note that Valuables are not covered under the Policy)

- a) Sum Insured:
- b) Places for travel India/Worldwide (delete whichever not applicable) in respect of Cover 10 (No cover is available for travel to any place in respect of which the Government of India has imposed trade, travel, or other such restrictions)
- c) Deductible: 5% of claim amount subject to minimum Rs. 250/- of each and every claim)
15. Over the preceding 5-year period, have you (or any person proposed to be insured under the policy for which this proposal form is completed):
- Made any claim under any insurance policy in respect of any of the Insurance covers now proposed?
  - Had any claim under any insurance policy declined or refused in whole or in part?
  - Had any insurance been cancelled, or accepted on special terms or conditions or rates?
16. Address for notifications of claims:
17. Special conditions or endorsements if any:

## PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note:** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, is found to be named on any recognized blacklist.

Note: The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid.

### Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

## NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*):

### Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

### Authorized person details (in case nominee is a minor):

## DECLARATIONS

- i I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).  
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.
- ii I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by \_\_\_\_\_, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

- iv I/We am/are (please tick all that are applicable)  
 High Net Worth Individual/s  Non-Residential Indian/s  Politically Exposed Person/s  
 Non-Governmental Organization
- v I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.
- vi I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also,

confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.

- viii I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.**

Date:

Place:

Signature of the Proposer(s)

*(Affix stamp, where proposer is a juridical person)*

#### **Declaration for NCB (No claim Bonus)**

I/We hereby declare that the rate for NCB claimed by me/us is correct and the NO claim has arisen in the expiring policy period (Copy of policy enclosed).

I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section I of the motor policy will stand forfeited.

Place \_\_\_\_\_ Date \_\_\_\_\_

Proposer's Signature \_\_\_\_\_

#### **FOR INTERMEDIARY USE ONLY**

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

## SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of 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 provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gccicare@generalicentral.com](mailto:gccicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800