

Sheep and Goat - Micro Insurance Product
Proposal form

Guidelines for completion of the form

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Kindly contact SBIGIC’s Offices or Agents for any doubts or clarifications on the proposal form.

Note:

The liability of SBIGIC does not commence until this proposal has been accepted by SBIGIC and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

1. Marketing Officer and Code						
2. Branch Office						
3. Broker / Agent Name and Code						
4. Business Sector	Urban	Social	Rural			
5. Please mention duration of cover	1 Year					
6. Policy Period	From		to			
7. Name of the Proposer						
8. Address of the proposer						
9. Address if animals are stabled at other than above address						
10. Give the following particulars in full, of each of the animals proposed for insurance.						
Type of Animal	Gender	Age	Description of the Animal	Market Value/S.I.	Ear Tag No.	Vaccination details (If any)
Sheep ,Goat	M/F		Color Breed of animal (Indigenous/ Crossbred/ Exotic) Purpose of the animal	(Max. upto Rs 1 lakh per Livestock)		
11. Please state whether a certificate of good health issued by a qualified veterinary doctor for each animal proposed for insurance is attached				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Please mention the existing diseases for the animal to be covered.						
13. Whether own Veterinary Services Available				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

14. Provide following information, in case of farm					
Is a qualified Veterinary Doctor employed to look after the farm		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If answer to the above question is "Yes", is the doctor residing at the farm.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
15. Have you lost any animal/s during the last three years? If so state particulars.		Year	Cause of Loss	Number of animals lost	
16. Previous Insurance Policy and Claims experience (for the last three years)					
Year	Type of animal – Sheep, Goat	Name of Insurer	Claim Amount	Whether claim settled in full or in part or outstanding or repudiated.	
17. Has any Company					
<ul style="list-style-type: none"> • Declined to issue a policy to you? • Declined to continue your Insurance? • Imposed any restriction or special conditions?(If yes, please furnish the details) 					
18. Is any bank or other financing institution interested In the animal, If so, State.		Name of Bank		Location of Branch	
19. Is / are the animal/s proposed for insurance covered by IRDP or any other similar scheme? If so, state.		Name of Scheme			
20. Any other information material to the risk or the terms upon which cover might be offered.					

Declaration:

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 complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be insured that has not been disclosed to you. I /We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and SBI General Insurance Co Ltd and I/We and/or the person to be insured agree to accept the cover in the usual form of policy prescribed by SBI General Insurance Co. Ltd and to pay premium.

SECTION 41 OF INSURANCE ACT, 1938

No person shall offer or allow to offer 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 punishable with fine, which may extend to Five Hundred Rupees.

Insurance is the subject matter of solicitation

Sheep & Goat Insurance Policy – Veterinary Doctor Certificate Format

1. Name of the Proposer								
2. Address of the proposer								
3. Address if animals are stabled at other than above address								
4. Details of the animals proposed for insurance.								
Type of Animal	Gender	Age	Description of the Animal			Market Value/S.I. (Max. up to Rs 1 lakh per Livestock)	Ear Tag No.	Vaccination details (If any)
Sheep ,Goat	M/F		Color	Breed of animal (Indigenous/ Crossbred/ Exotic)	Purpose of the animal			
<p>The above mentioned animal (s) was/were carefully examined by me on ___ / ___ / ___ at _____ A.M./P.M. and found to be in sound health. I certify that the animal (s) is/ are free from any pre- existing illness, injury and are in a fit condition for Insurance. I certify that the cost of the animal (s) mentioned above is reasonably accurate.</p>								
Signature of Veterinary Doctor								
Date								
Name								
Designation								
Qualification								
Registration Number								
Address								