

PROPOSAL FORM FOR CROP INSURANCE

AGENT / BROKER / BRANCH

Name	
Code No	

Please note that no cover is in until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer(s) including Trading Name (if any)						
2. Postal Address						
3. NIC / Passport No. Business Registration Number				Preferred Language	<input type="checkbox"/> Sinhala <input type="checkbox"/> Tamil <input type="checkbox"/> English	
4. Telephone / Fax Nos. / e-mail	Home Telephone		Office Telephone		Mobile	
	e-mail				Fax	
5. Full description of Business, Trade or Occupation (Other than Agriculture):						
6. Name & address of other interest, if any e.g. Bank or Mortgage						
7. Vat Registration No						

8. Period of insurance required

From	Day <input type="text"/>	Moith <input type="text"/>	Year <input type="text"/>
To	<input type="text"/>		

9. Details Of Crop

- i. Village :
- ii. District :
- iii Province :
- iv. Name of Crop :
- v. Variety :
- vi. Acreage under Crop :
- vii. Type of Soil :
- viii. Depth of Soil :
- ix. Ph of Soil Ph :
- x.Number of Plants Planting :
- xi.Distance between Plants of Harvest :
- xii.Age of Plant as at proposal date :
- xiii.Date / Month of sowing :
- xiv. Expected Date / Month of harvesting :
- xv. SUM INSURED : Rs.

- 10 Are the Plants fully grown and in good condition? :
- 11. If Plants are not in good condition, what is the deficiency / disease?.....
- 12. What is the recommended dose of Fertilizers?.....
- 13. What does of Fertilizers and manure are given per year?.....
- 14. What is the source of irrigation? Is it available round the year?.....
- 15. How are the plants irrigated?.....
- 16. What is the frequency of irrigation during the year?.....
- 17. If regular source of irrigation dries in the dry season, what alternative arrangements are made?
- 18. What are the Plant protection measures taken?.....
- 19. What are the other Agricultural practices being followed? (Other than mentioned above)
.....
- 20 Has the Crop been pledged or hypothecated to any institution / Dealer? If so, give full details.
.....
- 21. Is the Land under cultivation fully owned by you? If not, what is your relationship to the owner?
.....

22. What efforts are taken to minimize losses arising out of the vagaries of nature?

23. Is the Insured Land low lying (flood prone)? Yes / No Yes No

If 'Yes', give details

24. Source of Seed material :

25. Type of Seed material (Seeds / Seedlings / Budded cuttings). -

26. Is the Crop to be insured a regular Crop of this Region, or is it being cultivated on an experimental basis?

27. Will you be following the regular and recommended cropping pattern and other agricultural practices?

28. Attach details of input cost source (if any) of which input cost is arrived at:- (Please use separate sheet if necessary)

29. Have you in the last 5 years suffered any accidents, losses or claims in respect of the proposed insurance whether previously insured or Yes No

not? If 'Yes', give details

Date of Occurrence	Details of Loss	Amount involved
.....
.....

30. List use of adjacent property within fifty feet on all sides:

East :

North :

South :

West :

Kindly submit a sketch (demarcated map) of the property and its surroundings with crops grown therein in a separate sheet.

31. Will there be inter-cropping? If 'Yes', give details.

32. Amount of finance from agency / bank : Rs.

33. Previous insurance history:-
- i. Has any company declined to cover your property?
 - ii. Has any company cancelled your policy?
 - lii. Has any company refused to renew any policy?
 - iv. Name of previous insurers:
 - v. Sum Insured :
 - vi. Premium :
 - vii. Claim, if any :
 - viii. Has any Company imposed any restriction or special conditions?
If so, give details
.....
34. Is there any other use of the land on which the proposed plantation stands?
.....
35. Give details of security arrangements, If any:
..... Will
36. you be availing any technical guidance? If 'Yes', give the following details:
- a. Name and address of institution :
 - b. Name and qualification of person :
 - c. Details of guidance :

VERY IMPORTANT

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS, WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR ALLIANZ OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION

I / we declare that the information given in this proposal is to the best of my / our knowledge and belief correct and complete in every detail and will be basis of the contract between me / us and Allianz Insurance Lanka LTD.

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited.

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

Day Month Year

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Signature :