

**AGENT/ BROKER/ BRANCH/ADO**

Name	
Code No.	

**PROPOSAL FOR POULTRY INSURANCE**

**IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose such fact also.**

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

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. VAT registration number			SVAT Registration			
5. Contact details	Home		Office		Mobile	
	E-mail			Fax		
6. Location of property to be insured, if different from postal address						
7. Full description of business, trade or occupation						
8. Name & address of other interests, if any E.g. Bank or Mortgagee						

9. Period of cover required from  Day  Month  Year to  Day  Month  Year

10. Have you in the last 5 years suffered any accidents, losses or had claims in respect of any of the insurance proposed whether previously insured or not?  Yes  No

If 'Yes', please give details

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

**A) BIRDS**

1. Total number of Birds	
2. Age of the Birds	
3. Type of Birds (Broilers, Layer, Hatchery)	
4. Date of purchase	
5. Source of purchase	
6. Expected date of disposal	
7. Market price of birds	
8. Total value of birds (Sum insured)	

**B) HOUSING**

1. Type of Grower / Broiler House	
2. Type of Layer	

**C) EQUIPMENT**

1. Number and type of feeders	
2. Number and type of water dispensers	
3. Other equipment	

**D) VETERINARY SERVICE / MANAGEMENT**

1. Is there a qualified Veterinarian attached to the farm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name, address and contact details of the Veterinarian	
3. If 'No', who is the attending Veterinarian?	
4. Details of the manager/ officer in charge of the farm?	

**E) IMPORTANT INFORMATION**

1. Vaccination details	
2. Whether de-beaked, and if so when?	
3. Whether de-wormed, and if so when?	
4. Source of feed supply	
5. Please mention the details of experience or training received on poultry farming	
6. Has there been any epidemic outbreak during last 3 years? If so please give details.	
7. Do you stock essential medicine in the farm?	
8. Do you maintain following records?	
(i) Daily flock records	
(ii) Daily feed registers	
(iii) Daily mortality register	
(iv) Daily production	
(v) Daily culling	
(vi) Books of accounts	
(vii) Daily purchases/sales records	

(viii) Vaccination records	
(ix) Incident of diseases	
9. Have you ever proposed your birds for Poultry Insurance? If so please state the insurance company.	
(i) Has any insurer declined to issue a policy to you?	
(ii) Has any insurer declined to continue the insurance?	
(iii) Has any insurer declined to renew the policy?	
(iv) Imposed any restrictions opr special conditions?	

**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 the basis of the contract between me/us and Allianz Insurance Lanka Limited.

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.

I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or any other validation method/system as applicable from time to time .

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

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

**Data Privacy**

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

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Day    Month    Year

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Signature of the Proposer

**\*Please attach veterinary certificate, any recent survey reports, vaccination certificate, a sketch map and photographs of the location of poultry houses.**