

PROPOSAL FORM FOR CROP INSURANCE

SECTION 1 - PERSONAL DETAILS

1. a. Full Name of Proposer: _____
- b. Contact Details: (tel): _____ (fax): _____
(mobile): _____ (web): _____
(email): _____
(postal): _____ (code): _____ (town/ city): _____
- c. Proposer Pin Number: _____

SECTION 2 - PROPOSAL DETAILS

- 2.1 Period Of Insurance (From): _____ (To): _____
- 2.2. Types of Crops to be insured. _____
- 2.3 Exact Location of the farm. _____
- 2.4 How long has the insured been in the current business ? _____

SECTION 3 - DESCRIPTION OF THE FIELDS

- 3.1 Farm management, experience and qualification of owner and deputy.

	Name	Qualifications	No. of years on the Farm
Farm Manager			
Deputy Manager			

- 3.2 Crops to be insured.

	CROP (A)	CROP (B)	CROP (C)
Variety			
Planting to harvest dates			
Area in acres or hactares			
Age (for perennials only)			
Planting distance (in and within the row)			
No. of plants/acre			
Input Costs ¹ / acre			
Production per acre			
Sales value of crop per unit e.g Bags, kgs, tones			
Markets supplied (local or export)			
Sum Insured			

Always use the same currency as used in the insurance contract 1 : seeds, fertilizers, crop protection products, irrigation, fuel, land rents, labour etc (for more space, please copy this page).

SECTION 4 : INSURANCE ASPECTS

4.1 Loss experience over the last years.

YEAR	CROP(S)	Area planted	Area destroyed	Causes (perils)	Value of Loss

Always use the same currency as used in the insurance contract.

4.2 What do you consider to be the biggest threat to your crops?

4.3 Is there any active risk management implemented on the farm? (special varieties planted, contour farming, windbreaks, irrigation etc.).

4.4 Tick or list perils you would like to have covered?

- Fire
- Excessive rainfall
- Uncontrollable pests and diseases
- Windstorm
- Hail
- Drought

DECLARATION

I/We wish to insure with the Insurer in the terms of the Policy issued for this class of business. I/We warrant that the statements and particulars entered in this Proposal are true and that I/We have not withheld any material information. I/We agree to give immediate notice to the Insurer of any alteration in the circumstances described herein and that his Proposal shall form the basis of the contract between us.

Proposer's Signature:

Date: