



The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

POULTRY INSURANCE PROPOSAL FORM

1. Name and address of the Poultry Farm: _____
2. Name and address of the Bank: _____
3. Name and address of the owner/s: _____

4. Date of filing of proposal form: _____
5. Type of Birds: Broilers/Layers/ Hatchery

Description of the Birds to be insured

Unit	Date of Hatch of birds	Date of Purchase	No of birds purchased as per delivery challan	Total no of birds in the unit at proposal	Breed strain	Age in weeks at proposal	Source of purchase	Expected date of disposal

6. What is the system of Housing of the Birds?
 - i. In brooding House Deep Litter/cage system
 - ii. In grower House Deep Litter/cage system
 - iii. In layer House Deep Litter/cage system
7. Equipments:
 - i. No of feeders: _____
 - ii. No of Drinkers: _____
 - iii. No of Brooders: _____
8. Is a qualified Vet. Surgeon employed to look after the farm:

9. If yes, please give his:

1. Name: _____

2. Qualification: _____

3. Regd. No. _____

4. Is he residing at the farm 24 hours

10. If qualified Vet. Not employed then on whose services you depend upon: _____

11. Details of other Technical persons residing at the farm premises

Name: _____

Qualification: _____

Job Description: _____

12. Are the diagnostic equipment/agents maintained at the farm: _____

13. Do you stock essential medicines at the farm: _____

14. Do you manufacture your own feed or get it from the market: _____

15. Is the owner/partner/associate experienced in poultry farming Or have undergone any training: _____

16. Details of vaccination conducted during last six months:

Unit No	Date of vaccination	Age of birds	Disease against which vaccinated	Trade No	Name of vaccine	Batch No	Vaccination done

17. Details of debreaking Unit No. Date of debreaking

18. Details of deworming Unit No. Date of deworming

19. Has there been any epidemic outbreak during last 3 years? If so, give details: _____

20. Do you maintain the following records?

a) Flock record on day to day basis: _____

b) Mortality record: _____

c) Culling: _____

- d) Vaccination and medication particulars: _____
- e) Feed consumption: _____
- f) Production: _____
- g) Debreaking: _____
- h) Incidence of diseases: _____
- i) Purchase and sales: _____

21. Since when the farm is established? _____

22. Have you earlier at any time proposed your birds for insurance? If so, give name and address of the Company: _____

23. Has any Company:
- 1. Declined to issue a policy to you? _____
 - 2. Declined to continue insurance? _____
 - 3. Not invited renewal of policy? _____

24. Period of Insurance for the present proposal:
From _____ to _____

I agree to declare daily mortality details on weekly basis to the company.

I/We declare that the foregoing statements are true to the best of my/our knowledge and belief, that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of contract between me/us and the company.

Date: _____

Place: _____

Signature of the Proposer