AGRICULTURE INSURANCE COMPANY OF INDIA LTD.

NATIONAL AGRICULTURAL INSURANCE SCHEME (NAIS)
DECLARATION FORM - LOANEE FARMERS

From (Nodal Bank).....
Address & Ph. No. .....
.....
Fax No. .....
Premium D.D. should be in favour of "Agriculture Insurance Company of India Ltd._____. Round off the amount of Premium to the nearest rupee.

To :
.....
.....
.....
.....

1. Under the provisions of the National Agricultural Insurance Scheme (NAIS), we hereby declare the aggregate amount of all eligible crop loans, to be insured compulsorily, disbursed in the month of.....(by branches / PACS' under the jurisdiction of our Office) as per the schedule below. We also declare that additional sums insured, if any, as per teh options exercised by the farmers is also covered.
2. It is certified i) that no crop loans eligible for coverage are left out by the bank branches/PACS under our jurisdiction, ii) that all Kisan Credit Card loans disbursed/withdrawn are eligible for coverage are also included and iii) that all guidelines with regard to crop loans, issued by RBI/NABARD from time to time have been followed.
   Dated at.....this.....day of.....

Name of the Signatory :
Designation :

Signature of the Authorised signatory of Nodal Bank

SCHEDULE

Declaration No. (To be alloted by Bank)

NODAL BANK CODE

State : Season : Year : Crop :

District : Notified Area :

Part A : Compulsory coverage up to the amount of loan disbursed. Premium Rate :

	Category of Farmers	No. of Farmers	Area (in hectares)	Sum Insured ie 100% of loan disbursed	Full Premium	Subsidy	Premium Remitted
1	Small/Marginal Farmers						
2	Other Farmers					NIL	
	SUB-TOTAL						

Part B : Additional coverage over Part A up to theamount of value of threshold yield. Premium Rate :

	Category of Farmers	No. of Farmers	Area (in hectares)	Sum Insured above loan disbursed up to the value of Threshold Yield (T.Y.)	Full Premium	Subsidy	Premium Remitted
1	Small/Marginal Farmers						
2	Other Farmers					NIL	
	SUB-TOTAL						

Part C : Additional coverage over Part B up to the value of 150% of average yield. Premium Rate :

	Category of Farmers	No. of Farmers	Area (in hectares)	Sum Insured above value of threshold yield and up to value of 150% of average yield	Full Premium	Subsidy	Premium Remitted
1	Small/Marginal Farmers						
2	Other Farmers					NIL	
	SUB-TOTAL						
	GRAND TOTAL (PART A+B+C)						

DD No. DD Date : DD Amount

TO BE COMPLETED BY AIC

CERTIFICATE NUMBER

RECEIPT NO. DATE RECEIVED

NOTE : 1) ALL CODE BOXES SHALL BE FILLED UP BY AIC.
2) GUIDELINES FOR FILLING UP THE DECLARATIONS OVERLEAF.