Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.
CIN: U66010PN2000PLC015329 | UIN: BAL-OT-P16-67-V01-15-16
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

Scrutiny No	Receipt No.	Policy No.

IMD No	Sub IMD Codde	Mobile No.

Emp/LGCode

PROPOSAL FORM

BAJAJ GENERAL POUL TRY INSURANCE POLICY: PROPOSAL FORM

1. Please answer all questions in BLOCK letters.
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

PROPOSER DETAILS

1.	Name of the Proposer	
2.	Communication Address with Contact Number:	
3.	Name and address of the Poultry Farm	
4.	Name and address of the Financing Bank	

Bank Details

Name as pr Bank																		
Name of Bank																		
Bank Account No.																		
IFSC Code																		
IFSC Code																		

* I accept to pay & receive claim amount (if any) in the above given Bank a/c

Electronic-Insurance Account:

Please provide e-IA No. to deposit your insurance policy: _____

Do you want to open e-IA account: Yes/No

Existing Customer

Are you an existing customer of Bajaj General? ☐ Yes ☐ No

If yes. Please provide PIO No:_____ / Policy No. _____

I hereby confirm that; there is no change in my existing KYC details that are available from my previous/existing policy. ☐

5. Type of Birds: _____ Broilers/ _____ Layers/ _____ Hatchery _____

6. Indemnity Level you want to opt for? ☐ a) 65% ☐ b) 75% ☐ c) 85%

7. Number of Sheds _____

8. Shed Capacity _____

9. Number of Rotations _____

10. 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

11. 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

12. Equipment's:
    i. No of feeders: _____
    ii. No of Drinkers: _____
    iii. No of Brooders: _____

13. Is a qualified Vet. Surgeon employed to look after the farm: ☐ Yes ☐ No

14. If yes, please give details of Vet. Surgeon:
    i. Name:
    ii. Qualification:
    iii. Regd. No.
    iv. Is he residing at the farm 24 hours ☐ Yes ☐ No

15. If qualified Vet. Surgeon Not employed then on whose services you depend upon:

    _____

16. Details of other Technical persons residing at the farm premises:

S. no	Name	Qualification	Job Description

17. Are the diagnostic equipment/agents maintained at the farm: ☐ Yes ☐ No

18. Do you stock essential medicines at the farm: ☐ Yes ☐ No

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

20. Is the owner/partner/associate experienced in poultry farming or have undergone any training:

_____

21. Details of vaccination conducted during last six months:

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

22. Details of debeaking

Unit No.	Date of Debeaking

23. Details of deworming

Unit No.	Date of Debeaking

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

25. Do you maintain the following records?

S. No	Details	Yes/No
i.	Flock record on day to day basis	
ii.	Mortality record	
iii.	Culling	
iv.	Vaccination and medication particulars	
v.	Feed consumption	
vi.	Production	
vii.	Debeaking	
viii.	Incidence of diseases	
ix.	Purchase and sales	

26. Do you wish to cover Coccidiosis*? ☐ Yes ☐ No

If Yes, please provide the anti coccidial preventive measures taken in your farm

_____

(*Note-The cover against Coccidiosis will be granted only if the company is satisfied that the anti coccidial preventive measures are undertaken as per the standard practice)

27. Since when the Poultry farm is established?

_____

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

_____

29. Has any Insurance Company:
    i. Declined to issue a policy to you? _____
    ii. Declined to continue insurance? _____
    iii. Not invited renewal of policy.? _____
    If yes for any of the above questions, kindly provide details _____
30. Period of Insurance for the present proposal:
    From / / to / /

Payment Details

Payment Mode: Full Payment
☐ Instalment Payment: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

Payment Details: ☐ Cash ☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card ☐ UPI

Cheque Given By: ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Financer ☐ Employer/Employ

Declaration:

I/ We 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 disclosedall particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis ofcontract between me/us and the company.

I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.

Date_____

Place_____

Signature of the Proposer_____

* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing

or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE LIABLE FOR A PENALTY WHICH MAY EXTEND TO TEN LAKH RUPEES.

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?
  If yes, please share the details _____

- "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical/military officers, senior executives of state-owned corporations, important political party officials, etc."

  ☐ Yes ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

  ☐ Yes ☐ No

- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

  ☐ Yes ☐ No

- I/We hereby give voluntary consent to Bajaj General /Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.

  ☐ Yes ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.
You can update the same through
Bajaj General App: http://onelink.to/v9zp7c,
WhatsApp Service (Say 'Hi' on WhatsApp- +91 75072 45858),

DECLARATIONS

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: Date: Place:

Name of Witness:

Signature of Witness: Date: Place

Disability Declaration

Any Physical deformity or handicap? ☐ Yes / ☐ No

If yes. Please provide details: _____ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I _____ authorised representative of Mr./Miss/Mrs. _____ hereby giving consent on the behalf of the proposer due to his/her disability, that he/she has understood the content of this form and its particulars and confirmed the same.

Name of Authorised Representative: _____

Date : ____ /____/ _____

Place: _____

_____
Signature of Authorised Representative

Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company

Agent/ Intermediatory Declaration :

I, _____

acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

Date: ____ /____ /_____

Place: _____

_____
* Signature/ Thumb Impression of the Proposer

*Please read declaration wordings carefully before signing the proposal form.

Agent / IMD (SP/DP/BQP) signature and their code

Agent/IMD Name: _____ Agent/IMD Code: _____ Agent/IMD Signature_____

SP / BQP / DP / PoS Name: _____ SP / BQP / DP / PoS CoR No.:_____

SP / BQP / DP / PoS Signature _____

DISCLAIMER: