दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड
THE NEW INDIA ASSURANCE COMPANY LIMITED
Head Office: 87, M G Road, Fort, Mumbai-400001

SHEEP AND GOAT INSURANCE POLICY
(IRDAN10RP0154V01100001)
PROPOSAL FORM

(This proposal must be accompanied by a certificate given by a qualified Veterinary Surgeon)

BENEFITS OF THE POLICY

The Insured animals are covered against death by diseases contracted or occurring during the period of policy, or accident (including of fire, lightning, flood, inundation, storm, hurricane, earthquake, cyclone, tornado, tempest and famine) occurring anywhere in India or such other country or countries as the Company may agree to but excluding death directly or indirectly due to or resulting from:

- Malicious or willful injury or neglect, overloading, unskillful treatment or use of animal for purpose other than stated in the policy without the consent of the Company in writing.
- Accidents occurring and/or Disease contracted prior to commencement of risk.
- Intentional slaughter of the animal except in cases where destruction is necessary to terminate incurable suffering on humane consideration on the basis of certificate issued by qualified Veterinarian or in cases where destruction is resorted to by the order of lawfully constituted Authority.
- Theft and Clandestine sale of the insured animal.
- War, Invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, tumult, military or usurped power or any consequences thereof or attempt thereat.
- Any accident, loss, destruction, damage or legal liability directly or indirectly caused by or contributed to by or arising from nuclear weapons.
- Consequential loss of whatsoever nature.
- Transport by air and sea.
- Any claim arising due to diseases contracted within 15 days from the date of risk are not covered.
- Enterotoxaemia, Sheep Pox, Goat Pox, Rinderpest, Foot & Mouth Disease, Anthrax, H.S.B.Q. These diseases are covered by the policy if the animal is successfully inoculated (Vaccinated) and necessary Veterinary Certificates are supplied to the Company.

1. Name of Proposer(s): _____

2. Address: _____

3. Occupation: _____

- **Do you want a physical copy of the Policy document: Yes/No** _____

4. **Give the following particulars in full, of each of the animals proposed for Insurance:**

Animal's No or Mark and Identification	Species and Breed	Sex, colour and full distinguishing Marks (such as Ear Tag No., Scars, Defects etc.)	Age in Years and Months	Height	Date of purchase by the proposer and cost price to the proposer	Present Market Value	Sum for which Insurance is required

5. (a) State for what purpose the animal/s will be used: _____

   (b) Number of calvings(lambing & kidding):
   _____

   (c) Date of last calving(lambing & kidding):
   _____

6. (a) Where is/are animal/s stabled: _____

   (b) Give full particulars of the construction of the stable: _____

   (c) Is it under your sole occupation? If not, whose other: _____
   animals are stabled in it?

7. Is /are the animals in the stable sound & healthy & free from vice? _____
   If not, give full particulars of defects & ailments, if any_____

8. Veterinary Services available:
   a) Whether own veterinary services available or dependent on Government veterinary services_____

b) Number of qualified veterinaries whether part-time or whole time or on retainer basis _____

c) Veterinary services provided_____

d) Number of animal covered by each veterinary surgeon_____

e) Total area covered by each veterinary surgeon_____

f) Distance from veterinary dispensary _____

g) Annual budget sanction for drugs, vaccine, etc. for the entire dispensary_____

h) Storage conditions for drugs, vaccine etc. _____

i) Details of veterinary checkup that insured animal gets as part of routine veterinary attention:

9. (a) Have you lost any animal/s during the last three years? If so state particular

Year	Cause of Loss	Number of animals lost

(b) Previous Sheep and Goat Insurance Claims experience (for the last three years)

Year	Policy No.	Name of the Insurer	Claim Amount	Whether claim settled in full or part or outstanding or repudiated

10. Have any of the animal/s proposed for insurance been ill or incapacitated through injury/ies during the past 12 months? If so, give particulars and state whether a Veterinary Surgeon was in attendance.

_____

11. (a) How many other animals do you own? _____
(b) Are they insured and where? _____
(c) If not, why are they not proposed for insurance now: _____
(d) Were they insured previously and if so, where? _____

12. Are any of the animals now proposed for insurance or have any other animals belonging to you have been previously insured? If so, state name of the Company or Underwriter:

_____

13. (a) What is the mode of branding /marking the animals for the purpose of Identification as indicated under question (4) above? _____
(b) Are the animals owned by the proposer but not proposed for insurance hereunder also similarly branded/marketed? _____

14. Has any Company or Underwriter
    a) Declined Insurance of any of your animals, or _____
    b) Refused to renew their insurance or _____
    c) Increased your premium or imposed special conditions on renewal _____

15. Details of vaccinations conducted during the last six months.

16. Do you maintain records? Give details

17. Since when the farm is established.

18. Is the owner/partner/associate experienced in Sheep/ Goat rearing or has he undergone any training? Provide details.

19. For what period is insurance required? For _____ months from _____

    a. Are you the owner of the animal? If not state name and address of owner and also nature of your interest in the animal. _____

    b. Is any bank or other financing institution interested in the animals? If so, state
        - name and address of the bank _____
        - amount of loan outstanding _____

    c. Is/are the animal/s proposed for insurance covered by SFDA/MFAL project. If so state:
        - Address of the SFDA/MFAL agency _____
        - Amount of subsidy obtained from SFDA/MFAL agency _____

- **Bank Details of the Proposer:**
  Bank:
  Account No.
  IFSC:

- **Nominee Details:**
  Name:
  Relationship:
  Present Address:
  Permanent Address:
  Contact Details:

- **Nominee Bank Details:**
  Bank:
  Account No.
  IFSC:

NOMINATION:

I .....do hereby nominate .....(Name and Relationship with the Insured) in respect of the amount payable by the New India Assurance Company Limited under this policy and I further declare that his/her receipt shall be sufficient discharge to the Company. Dated this.....Day of.....202.....at.....

I/WE hereby propose to insure the above mentioned animal/s owned by me/us with THE NEW INDIA ASSURANCE CO. LTD. subject to the terms, conditions and exclusions of the Company's policy. I/WE warrant that the answers to the above queries are true and that all the animal/s are correctly described, are sound, in good health and free from vice and that they are and shall be used solely for the purpose above stated. I/WE declare that no information material to the insurance has been withheld and agree that this proposal shall be the basis of the contract between me/us and the Company.

Date: _____ _____

Place: _____ Signature of the proposer

PROHIBITION OF REBATES

The following is an extract of Section 41 of Insurance Act, 1938 and as amended time to time

1. 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 in the policy; nor shall any person taking out or renewing continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses of rebates of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh rupees.