

UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

BRANCH / DIVISIONAL OFFICE í í í í í í í í í í í

PROPOSAL FORM FOR CATTLE INSURANCE

Please reply fully to all the following questions. If the answer to any question is none state -NONEø

1. Name of Proposer(s)

2. Address

3. Occupation

4. Period of Insurance required

5. Description of the animal proposed for insurance

Sl. No	Species & Breed	Ear Tag No.	Sex, Colour & other distinguishing remarks	Age in year	Date of last calving and calf at foot	Sum for which insurance is required
1.						
2.						
3.						
4.						
5.						

6. Total Sum for which insurance required : Rs í

7. State for what purpose the animal(s) will be used í

8. Location of the farm í ..

9. State the veterinary services available í ..

10. (a) Have you lost any animal during the last three years í í í í í í í í í í í í í í í í í ..

(b) Previous claims experience í .

11. (a) How many other animals do you own í

(b) Are they insured? í .

12. Has any company

(a) Declined insurance í

(b) Refused to renew the insurance í .

13. Is any bank/financial institution interested in the animal. If so, state the name and address of the bank/financial institution.

I/We hereby propose to insure the above mentioned animals owned by me/us with United India Insurance Company Limited, subject to the terms and exclusions of the Companyø policy. I/We warrant that the answers to the above queries are true and that all the animals are correctly described and is/are in sound, good health and free from vice and that they are and shall be used solely for the purpose above stated. I/We declare than 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.

Place :

Proposerø Signature

Date :

VETERINARY CERTIFICATE

1. Description of the animal

Sl. No	Tag No.	Species & Breed	Sex, Colour & Other distinguished mark	IF FEMALE				Age in years	Market Value	Sum Insured
				Pregnant or recently calved	Stage of pregnancy	Date of last calving	Milk yield			
1.										
2.										
3.										
4.										
5.										

2. Is/Are the animal/s sound, healthy, in good condition and free from vices.
3. Is there any contagious or infectious disease prevalent in the area.
4. Have the animals been vaccinated for any disease. If so mention the date of vaccination.
5. Do you recommend the Company to accept the risk?

I certify that I have this day carefully examined the animal/s described in the above schedule and that the particulars, value and answers to the questions are correct to the best of my knowledge and belief.

Signature í í í í í í í í í í í í í í í .

Name and Qualification í í í í í í í í í í í í í í í .

Address í í í í í í í í í í í í í í í .

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Date :