

## PROPOSAL FORM FOR CROP INSURANCE

### SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel):  (fax):   
 (mobile):  (web):   
 (email):   
 (postal):  (code):  (town/ city):
- c. Proposer Pin Number :

### SECTION 2 - PROPOSAL DETAILS

- i. Period Of Insurance : (From):  (To):
- ii. Types of Crops to be insured
- iii. Exact Location of the farm
- iv. How long has the insured been in the current business ?

### SECTION 3

#### 3.1 FARM MANAGEMENT- EXPERIENCE AND QUALIFICATION OF OWNER AND DEPUTY

	Name	Qualifications	No. of years on the Farm
Farm Manager			
Deputy Manager			
Others :			



4.4 Tick or list perils you would like to have covered?

- Fire
- Excessive rainfall
- Uncontrollable pests and diseases
- Windstorm
- Hail
- Drought

-----  
-----

**5. DECLARATION**

I/We wish to insure with the Insurer in the terms of the Policy issued for this class of business. I/We warrant that the statements and particulars entered in this Proposal are true and that I/We have not withheld any material information. I/We agree to give immediate notice to the Insurer of any alteration in the circumstances described herein and that this Proposal shall form the basis of the contract between us.

Proposer's Signature : ----- Date : -----