

CATTLE INSURANCE POLICY

Proposal Form

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBIGIC's Offices or Agents for any doubts or clarifications on the proposal form.

Note: The liability of SBIGIC does not commence until this proposal has been accepted by SBIGIC and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

INTERMEDIARY DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social
Business Type	<input type="checkbox"/> New	<input type="checkbox"/> Roll-over	<input type="checkbox"/> Renewal	Sales Channel Type	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct
Sales Channel Code	<input type="text"/>			Specified Person's Code*	<input type="text"/>		
Specified Person's Name*	<input type="text"/>			Agreement Code	<input type="text"/>		

PROPOSER DETAILS

- Duration of cover required 1 year 2 Years 3 Years
- Policy Period From to
- Name of the Proposer
- Address of the Proposer

 Pin Code
- Address if animals are stabled at other than above address

 Pin Code
- Give the following particulars in full, of each of the animals proposed for insurance (add extra sheets if required)

Type of Animal	Gender	Age	Description of the Animal			Market Value / Sum Insured	Ear Tag No.	Vaccination details (if any)
			Color	Breed of animal (Indigenous/Crossbred/Exotic)	Purpose of the animal			

7. Please state whether a certificate of good health issued by a qualified veterinary doctor for each animal proposed for insurance is attached Yes No

8. Please mention the existing diseases for the animal to be covered _____

9. Whether own Veterinary Services available? Yes No

10. Provide following information, in case of farm
Is a qualified Veterinary Doctor employed to look after the animals? Yes No

11. Have you lost any animal/s during the last three years? If so state particulars.

Year	Cause of Loss	Number of animals lost

12. Previous Cattle Insurance Policy and Claims experience (for the last three years)

Year	Type of animal Cow, Buffalo, Stud Bull, Bullock	Name of Insurer	Claim Amount	Whether claim settled in full or in part or outstanding or repudiated.

13. Has any Company
 ? - Declined to issue a policy to you? Yes No
 - Declined to continue your Insurance? Yes No
 - Imposed any restriction or special conditions? (If yes, please furnish the details) Yes No

14. Is any bank or other financing institution interested in the animal,
 If so, state - Name of Bank _____ Location of Branch _____

15. Is/are the animal/s proposed for insurance covered by IRDP or any other similar scheme? If so, state Name of Scheme Yes No

16. Any other information material to the risk or the terms upon which cover might be offered. _____

PAYMENT DETAILS (Claim/Refund amount will be deposited in this bank account only unless changed subsequently)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" (*Mandatory fields)

Cheque No/DD No. _____ Amount _____ Date

Bank Name _____ Branch _____

Bank Account No.* _____ IFSC Code* _____

DECLARATION

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be insured that has not been disclosed to you. I / We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and SBI General Insurance Co Ltd and I/We and/or the person to be insured agree to accept the cover in the usual form of policy prescribed by SBI General Insurance Co. Ltd and to pay premium.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date: Place: _____

 Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 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 prospectuses 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 RUPEES TEN LAKHS.

Cattle Insurance Policy – Veterinary Doctor Certificate Format

1. Name of the Proposer

2. Address of the Proposer

 Pin Code

3. Address if animals are stabled at other than above address

 Pin Code

4. Give the following particulars in full, of each of the animals proposed for insurance (add extra sheets if required)

Type of Animal	Gender	Age	Description of the Animal			Market Value / Sum Insured	Ear Tag No.	Vaccination details (if any)
			Color	Breed of animal (Indigenous/ Crossbred/Exotic)	Purpose of the animal			

The above mentioned animal (s) was/were carefully examined by me on ___/___/___ at _____ A.M./P.M. and found to be in sound health. I certify that the animal (s) is/ are free from any pre- existing illness, injury and are in a fit condition for Insurance. I certify that the cost of the animal (s) mentioned above is reasonably accurate.

Signature of Veterinary Doctor _____ Date Name

Designation Qualification Registration Number

Address

 Pin Code