

## ANNEXURE-I PROPOSAL – CUM – DECLARATION

**Unique Declaration Reference Number****(IFSC of Insuring Bank A/c No. of Farmer):** \_\_\_\_\_

(To be generated by bank /intermediaries)

Address of Bank/Branch : \_\_\_\_\_

IFSC Code : \_\_\_\_\_

Proposer's Name : \_\_\_\_\_ Name of Nominee : \_\_\_\_\_

Bank Account/ KCC No. : \_\_\_\_\_ Relationship with Nominee: \_\_\_\_\_

Proposer's Address: \_\_\_\_\_

| S.No.                             | Sections  | Description of Persons/Property               |                    |                                 | Sum Insured (Rs). | Period of Insurance (From (DD/MM/YY) /To DD/MM/YY) | Rate % of Sum Insured | Indicative Premium (Rs) |
|-----------------------------------|---|---|--------------------|---------------------------------|-------------------|--|-----------------------|-------------------------|
| 1.                                | Crop Insurance  | Mandatory                                     |                    |                                 |                   |  |                       |                         |
| 2                                 | Personal Accident Insurance (PMS BY)                      | Name/ Occupation                              | Age / Dt. Of birth | Name of Nominee                 | 200000            | From:<br><br>DD/MM/YY                              |                       | Rs. 12 per person       |
|                                   |   |   |                    |                                 |                   |  |                       |                         |
|                                   |   | Benefits (per person):                        |                    |                                 |                   |  |                       |                         |
|                                   |   | 1. Accidental death: Rs. 200000               |                    |                                 |                   |  |                       |                         |
|                                   |   | 2. Permanent total disablement: Rs. 200000    |                    |                                 |                   |  |                       |                         |
|                                   |   | 3. Loss of one limb/Eye: Rs. 100000           |                    |                                 |                   |  |                       |                         |
|                                   |   | 4. Applicable to Age group 18-70 years only   |                    |                                 |                   |  |                       |                         |
| Details of Existing policy if any |   |   |                    |                                 |                   |  |                       |                         |
| 3                                 | Life Insurance ( Pradhan mantra Jeevan Jyoti Bima Yojna ) | Name/ Occupation                              |                    | Age / Dt. Of birth<br><br>_____ | 200000            | From:<br><br>DD/MM/YY                              |                       | Rs. 330 per member      |
|                                   |   | Benefit s:                                    |                    |                                 |                   |  |                       |                         |
|                                   |   | 1. Death Cover : Rs. 200000 per member        |                    |                                 |                   |  |                       |                         |
|                                   |   | 2. To be provided by Life Insurance companies |                    |                                 |                   |  |                       |                         |
|                                   |   | Details of Existing policy                    |                    |                                 |                   |  |                       |                         |

|   |                                |   |   |  |       |  |  |                   |                      |
|---|--------------------------------|---|---|--|-------|--|--|-------------------|----------------------|
|   |                                | if any  |   |  |       |  |  |                   |                      |
| 4 | Fire & Allied Perils           | A.  | Residential Building                      |  | 50000 | From:<br>DD/MM/Y<br>Y<br>To:<br>DD/MM/Y<br>Y     | Rs. 40<br>(ST Extra)                             |                   |                      |
|   |                                | B.  | Household Contents<br>(Excluding Jewelry) |  | 20000 |  |  | Rs. 20 (ST Extra) |                      |
|   |                                | Details of Existing policy if any                   |   |  |       |  |  |                   |                      |
| 5 | Agriculture Pump-set Insurance | Driving Unit  |   |  |       | 25000  | From:<br>DD/MM/Y<br>Y<br><br>To:<br>DD/MM/Y<br>Y | 1.75%             | Rs 438<br>(ST Extra) |
|   |                                | <u>Electric</u>                                     |   | <u>Diesel</u>                                      |       |  |  |                   |                      |
|   |                                | Make  |   | Make   |       |  |  |                   |                      |
|   |                                | HP  |   | HP   |       |  |  |                   |                      |
|   |                                | Yr.of make  |   | Yr. Of Make  |       |  |  |                   |                      |
|   |                                | RPM   |   | RPM  |       |  |  |                   |                      |
|   |                                | Sl.No.  |   | Sl.No  |       |  |  |                   |                      |
|   |                                | Amp.  |   | No. of cylinders                                   |       |  |  |                   |                      |
|   |                                | Volt.   |   |  |       |  |  |                   |                      |
|   |                                | Details of Existing policy if any                   |   |  |       |  |  |                   |                      |
| 6 | Student Safety Insurance       | Name of Student                                     | Age / Dt. Of Birth                        | Name of Father<br>_____<br>Name of Mother<br>_____ | 50000 | From:<br>DD/MM/Y<br>Y<br><br>To:<br>DD/MM/Y<br>Y | Rs. 75 per student (ST Extra)                    |                   |                      |
|   |                                |   |   |  |       |  |  |                   |                      |
|   |                                | Benefits (for Parent/ Student): SI per student      |   |  |       |  |  |                   |                      |
|   |                                | 1. Accidental death: Rs. 50000(Per Parent/ Student) |   |  |       |  |  |                   |                      |
|   |                                | 2. Permanent total disablement: Rs. 50000(Student)  |   |  |       |  |  |                   |                      |
|   |                                | 3. Loss of one limb/Eye: Rs. 25000(Students)        |   |  |       |  |  |                   |                      |
|   |                                | 4. Accidental Hospitalization: Rs.5000 (student)    |   |  |       |  |  |                   |                      |
|   |                                |   |   |  |       |  |  |                   |                      |

|   |                     |   |                        |      |                     |                 |             |                          |                                 |
|---|---------------------|---|------------------------|------|---------------------|-----------------|-------------|--------------------------|---------------------------------|
|   |                     | In case of death of father or mother, the Claim amount to be converted into FD in the name of student till attainment of majority(18 years) |                        |      |                     |                 |             |                          |                                 |
|   |                     | Details of Existing policy if any   |                        |      |                     |                 |             |                          |                                 |
| 7 | Agriculture Tractor | Cover required: Third Party / Comprehensive   |                        |      |                     |                 |             |                          |                                 |
|   |                     | Regn. Mark & No.  | Engine No. Chassis No. | Make | Year of Manufacture | Trailer Details | Horse power | Insured's declared value | Premium Rate                    |
|   |                     |   |                        |      |                     |                 |             |                          |                                 |
|   |                     | Details of Existing policy if any   |                        |      |                     |                 |             |                          |                                 |
|   |                     |   |                        |      |                     |                 |             | From: DD/MM/YY           | As per annexure (ST Extra)      |
|   |                     |   |                        |      |                     |                 |             | To: DD/MM/YY             | <b>Total Premium (ST Extra)</b> |

- The liability of the Company does not commence until the proposal has been accepted by the Company and full premium paid.
- Please visit respective company's website for complete set of general and specific conditions and exceptions

I / We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal-cum-schedule form part of the company's standard policy and shall be the basis of the contract between me/us and insurance company. I / We further declare that the sum Insured herein represent the declared value of the property / persons described herein.

Assignment clause

I ----- do hereby assign the money payable in the event of my death by ----- to ----- further declare that his receipt shall be sufficient discharge to the Company.

Place:  
Date :

**Signature of the Proposer**