

**PROPOSAL FORM -
BRACKISH WATER PRAWN INSURANCE POLICY**

Registered and Corporate Office : 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063. Email : contactus@universalsampo.com

(A Certificate given by a qualified Fishery Official must accompany this Proposal)

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

Please answer all questions below

I. The Farm

(a) i. Name and full address of proposer and /or Shrimp/Prawn Farm:	
ii. Telephone No./Mobile No.	
iii. E-mail ID	
iv. Address Proof:	Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>
v. CKYC No:	
<input type="checkbox"/> I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.	
vi. Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>	
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")	
(b) i. Geographical location of Farm Site	
ii. How long the farm has been operating at the proposed site? How far is it from Sea/Creek/Estuaries ?	
(c) i. Give details of all water sources-Creek or Estuaries.	
ii. Extensive ,semi-intensive or intensive farming	
(d) i. Name of nearest Shrimp/Prawn farm to from your farm.	
ii. How far it is away from your farm?	
(e) i. Submit a plan of your site and mark identification numbers of ponds thereon Please mark the areas on the site plan which may be brought into production within the next twelve months. The plan of the farm must show the direction of water flow into, through and out of the farm as well as any other pond which is arranged so that water flows from one farm to another . All pumping stations should be clearly marked.	
ii. Give the current total pond area and any planned expansion. Present area _____ Hectares/acres New area within next Twelve months _____ Hectares/acres	

II. Shrimp/Prawn Production

(a) i. Species of Shrimp/Prawn produced	
ii. State source of larvae	
iii. How long is the normal grow out period.	
(b) i. At what size do you stock post larvae in your juvenile ponds? in your on growing ponds?	
ii. State numbers of larvae per hectare/acre stocked in your juvenile ponds? in your ongrowing ponds?	
(c) i. State average head on weight per shrimp/prawn at harvest	
ii. What maximum head on weight of shrimp/prawn do you expect to harvest per hectatre/acre?	
(d) i. How many crops per annum?	
ii. What is estimated production per crop(tonnes/kgs)	
iii. Estimated total annual production(tonnes/kgs)	
(e) i. Describe your stock counting and sampling methods	
ii. Please attach samples of your stock control sheets and record keeping documentation.	

III. The Ponds

(a) Details of the ponds are required to be attached as per enclosed schedule.	
(b) i. Is there a fallow period after each harvest when ponds are drained?	
ii. If so, for how long are ponds left empty?	
(c) i. Do you plough, dig or harrow your ponds?	
ii. If so, how often?	
(d) i. Do you fertilize your ponds?	
ii. If so, what do you use ?	Organic fertilizer/Nitrates/Urea/Superphosphates/Others(give details)
iii. How often do you fertilize and how often?	

(e) i. Do you exchange the water supply to your ponds? ii. If so how frequently ,and what percentage of water is exchanged per pond?	
(f) i. Do you aerate your ponds? ii. If so, state numbers, type and capacity of aerators.	
(g) Describe your pumping system including numbers, type and capacity of pumps	

IV. Personnel

(a) i. Do you personally manage the farm on full time basis? ii. If not, who is managing the farm?	
(b) How many staff are employed on the farm	Full time..... Part-time.....
(c) i. Do any of your staff live on the premises? ii. What arrangements are made for overnight and weekend supervision?	

V. Husbandry

(a) i. Do you feed the shrimp/prawn? ii. If so, do you use iii. State type and manufacturer of dry feed. iv. State natural feed used v. Do you prepare any of your own feeds? vi. How often do you feed?	Dry feed only/dry & natural feed/natural feed only
(b) Do You use any regular treatment in your ponds either for disease, as pesticides, or for any other reason?	
(c) i. Do you regularly check temperature, oxygen, plankton, pH, salinity and ammonia levels in the ponds? ii. If so, how often?	
(d) Describe your harvesting method i. Do you have your own facilities for pathology work? ii. If not, where is your pathology work carried out? iii. Do you retain the services of a shrimp/prawn consultant, laboratory of Government body? If so, give details.	

VI. Losses

(a) Has there been any history of disease on your farm ,or in the ponds of neighbouring farms,whether or not resulting in mortality of shrimp/ prawn? If so, give details as under : i. Whether there was any loss of prawn due to outbreak of disease during last one year. ii. What was the name of the disease? iii Whether crop holiday has been observed before starting of culture freshly after occurrence of disease. iv Whether any experimental culture has been done after observing crop holiday. v. If so, what are the growth and survival rate of prawn on experimental culture. vi. Whether ponds have been prepared as per the recommendation of MPEDA/BFDA to start culture in large scale. If so, please give details. vii. Whether the seeds are selected as per the test recommended by BFDA/MPED viii. Whether the stocking density per pond is maintained as per the recommendation of MPEDA/BFDA. ix. Whether the feeds are selected as per the recommendation of MPEDA/BFDA. x. Whether affluent treatment system has been established as per recommendation of MPEDA/BFDA. Give details of the system.	
(b) After enquiry, have planktons blooms of any kind ever caused mortality amongst farmed or wild shrimp/prawn on your farm or in the ponds of neighbouring farms or in coastal water within 100 km from your farm?	
(c) Give details of all significant losses and their causes other than normal trade mortalities that have occurred since the farm started operations.	

VII. General

(a) i. Give details of current shrimp/prawn crop insurance, if any, including name of insurers and policy expiry date. ii. If none ,have you ever proposed for shrimp/prawn crop insurance ,and if so, with what result?	
(b) Whether farm is having resident/own veterinary officer or is managed by veterinary doctors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Whether farm is carrying out regular water analysis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Whether farm is maintaining proper regulation of water movement by suitable inlets, outlets and sluices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Whether farm is having proper system of eradicating diseases, epidemics and parasitic infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(f) Whether farm is having efficient system of separating dead prawns or prawns attacked with disease from the remainder of the stock immediately upon the discovery of the attack?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Whether the farm is having mortality less than 5% in previous batches?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Whether the farm purchases prawn seeds from standard suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Whether Extension for coverage of bunds/slucice gate is required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Whether Extension for coverage for diseases, other Viral form of epidemics &/or Parasitical attack is required ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(k) Are there any additional facts of material nature to be disclosed to Underwriters in their assessment of risks to be insured?	
(l) Proposed period of insurance	

I / we hereby propose to insure the above-mentioned Prawns owned by me / us with Universal Sompo General Insurance 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 Prawns are correctly described are in good health and free from any vice. I/We also confirm that they are and shall be used solely for the purpose stated above. 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 the Company and me/us.

Date:

Signature of Proposer

Nominee Details (Applicable for policies bought by Individuals):

The nominee must be an immediate relative of the proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Name of Nominee*	Age*	Relationship with Proposer*	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee (Present / Permanent)	Bank A/C Details of Nominee (A/C No / IFSC/Bank Name/ A/C Holder's Name)	% of claim amount payable to each nominee in the event of policy holder's death*

* Mandatory. If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Mobile No/Email Id	Address of the Appointee

Note : (If the space provided is not sufficient separate sheet to be attached)

Premium Payment and Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	
Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Company Ltd)	
Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet :	Name of Bank/Wallet
PAN Number :	Transaction No.
	TAN Number :

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE	
Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

AML Declaration:

<p>1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002 and its subsequent amendments.</p> <p>2.I understand that the company has the right to call for documents to establish the sources of funds.</p> <p>3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.</p> <p>4.Nationality: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country _____</p>
--

Declaration

1.I/We desire to insure with Universal Sompo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
2.I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
3.I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.
4.I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
5.I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
6.I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".
7.I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).
8.I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".
9.I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
10. **Go Green** - We would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form.
 By choosing this option, You wish to avail Physical Policy Copy.
11. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time
12.I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.
13. I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.
I hereby consent to and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place: _____
Date: _____

Signature of Proposer

Disability Declaration

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative: _____
Signature of Representative: _____

CKYC Declarations

1.I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC
2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place: _____
Date: _____

Signature of Proposer

Certificate of the Fishery Officials

I/We also declare that the prawns/post Larvae are free from any disease, defect and parasitical attacks and the project area is free from epidemic and the chemical conditions of the soil and the chemical conditions of the soil and the chemical conditions of water do not harm the crop.

Place: _____ Signature of Fishery Extension Officer/BFDA Officer/MPEDA officer
Date: _____ Name & Designation:

Schedule

This Schedule is to be attached with every proposal form under Brakish Water Prawn Insurance and to be certified by the Proposer and Fishery Official

Sl	Pond No.	Water Area a. Surface Area b. Depth of Water	No. of PL stocked & age	Condition of Post Larvae	Whether stress test has been carried out & survival rate during test	Date of Stocking	Date of Harvesting	Expected Survival Rate%	Source of purchase of PL	*S.I.
1	2	3	4	5	6	7	8	9	10	11

* Sum Insured(SI) or Peak Value of the stock of prawn pond wise is to be determined on Input basis as per the enclosed proforma (vide Annexure A).

Declaration and Certificate

We hereby declare and certify that the prawn/post larvae have been stocked as stated above and are free from any disease or defect and the sum insured on completion of rearing pond are correct to the best of our knowledge.

Place:
Date:

Signature of the Proposer
Name & Address

Signature of the Fishery Extension Officer/BFDA or MPEDA expert.
Name & Address:
Qualification:
Designation:

**Annexure 'A'
Details of Operational Cost (MPEDA)**

Basic Information:

1.Type of Farming :(extensive, semi-intensive or intensive)	
2. Farm Size :(Total Water Area)	
3. Size of each Pond:	
4. Total No. of Pond:	
5. Cultural Period per:Crop	
6. Seed stocking rate/ha:	
7. Average shrimp size at :Harvest	
8. Average yield:	
9. Feed conversion ratio:	

Operational Cost per Pond

1.Cost of Prawn Seed Rs.....per thousand
2. Cost of feed/pond: (@Rs....per kg)
3. Cost of Chemicals manure per:Rs..... ha for pond preparation
4.Charge for fuel & electricity:Rs.....per crop
5. Labour Charge for pond preparation ,stocking:Rs.....etc.
6. Maintenance /Repairs Charges incuding the :Rs.....Labour per crop
7. Staff Salary : Rs.....
8. Miscellaneous expenses; Rs.....
Total Rs
Production Cost per h.a. : Operational Cost /Yield/Pond.....Rs

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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 or 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 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 prospectus or tables 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 Lakhs rupees.

Universal Sompco General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai - 400708. Toll Free No : 1800 200 4030 / 1800 22 4030

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
CIN: U66010MH2007PLC166770