



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Etahab Bank, Indus Overseas Bank, Kanakda Bank Ltd, Dabur Investment Grp. and Sampo Japan Nipponia Insurance Inc.)

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PROPOSAL FORM BRACKISH WATER PRAWN INSURANCE POLICY

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

IMO Code :

Bank Branch:

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 No.
(b) I.	Geographical location of Farm Size
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.	Season 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 on-growing 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 hectare/acre?
(d) I.	How many crops per annum?
II.	What is estimated production per crop/(tonnes/kg)?
III. Estimated total annual production (tonnes/kg)	
(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/Nitrogen/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?	
VI.	Husbandry		
	(a) i.	Do you feed the shrimpprawns?	
	ii.	If so, do you use Dry feed only/dry & natural feed/ natural feed only	
	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?	
	(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 shrimpprawn consultant, laboratory of Government body?	
		If so, give details.	
VII.	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 shrimpprawns?	
		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/MPEDA.	
	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 effluent treatment system has been established as per recommendation of MPEDA/BFDA. Give details of the system.	
	(b)	After enquiry, have plankton blooms of any kind ever caused mortality amongst farmed or wild shrimpprawn 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 prawn mortalities that have occurred since the farm started operations.	

VIII. 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/town veterinary officer or is managed by veterinary doctor? ¹
(c)	Whether farm is carrying out regular water analysis?
(d)	Whether farm is maintaining proper regulation of water movement by suitable inlets, outlets and sluices?
(e)	Whether farm is having proper system of eradicating diseases, epidemics and parasitic infection?
(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?
(g)	Whether the farm is having mortality less than 5% in previous batches?
(h)	Whether the farm purchases prawn seeds from standard suppliers?
(i)	Whether Extension for coverage of bundistalica gaza is required?
(j)	Whether Extension for coverage for diseases, other Viral form of epidemics &/or Parasitical attack is required ?
(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 Sompoo 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 _____

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 mechanical 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 Briskal Water Prawn Insurance and to be certified by the Proposer and Fishery Official

Sl No.	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	SI
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 described 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	Signature of the Fishery Extension Officer/
	BFDA or MPEDA expert
Name & Address	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 number:
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/Repair Charges including dr: Rs..... Labour per crop
7.	Staff Salary: Rs.....
8.	Miscellaneous expenses: Rs.....
	Total Rs.....
	Production Cost per ha.: Operational Cost/MultiPond,..... Rs

PROHIBITION OF REBATE - Section 4) of the Insurance Act 1938

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 of risk relating to lives or property in India, any rebate of the whole part of the commission payable on 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 rebates 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 punishable with fine which may extend to Ten Lakhs Rupees.

Universal Sompo General Insurance Co. Ltd.

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Toll Free Nos: 1800224030 (MTNL)/18002004030 (Reliance) Direct Nos: 022 27639800 (MTNL), 39133700 (Reliance)

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