

**PROPOSAL FORM INLAND FISH INSURANCE
(Individual/ Retail)**

Marketing Officer:
Branch Address:

Phone #:

Business Sector:

- | | |
|--------------------------|--------------------------|
| Banks | <input type="checkbox"/> |
| Co-operative Federation. | <input type="checkbox"/> |
| Corporate Customer | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Proposal Form No:

Client I.D. No:

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. Insurance is a contract of "Utmost Good Faith" requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.
4. Kindly contact the Company's offices or agents for any doubts or clarifications on the proposal form.

NOTE

The liability of the Company does not commence until this proposal has been accepted by the Company and the requisite premium paid.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN : IRDAN115RP0002V01200809 (Inland Fish Insurance)

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

SCOPE OF COVER

The policy indemnifies the insured against the Total Loss (atleast 80 / 60 % of the total population of insured Fish) sustained as a result of death due to accident occurring during the policy period.

SIGNIFICANT EXCLUSIONS

This Policy does not cover any claim arising due to Natural mortality, intentional poisoning or killing, improper management, any loss of insured fish during transit by any mode etc. For a detailed set of exclusions, kindly refer to the policy document.

EXTENSIONS

In addition, certain optional extensions are available- Total Loss due to diseases, Total Loss due to Act of God perils and Agreed Bank Clause.

NOTE

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy.
2. The liability of the Company does not commence until this Proposal Form has been accepted by the Company and premium paid in full.

DETAILS: Put a (✓) mark wherever applicable

1. PROPOSER INFORMATION

(i) Proposer's name (please leave a space after each part of name)

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(ii) Proposer's mailing address (please leave a space after each part of address)

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City/Town/Village

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State

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Pin Code

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Phone number

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Fax number

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E-mail address

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(iii) Proposer's trade or business

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(iv) Nature of the Proposer:

Individual / Corporate

Bank

District Rural Development Agency (DRDA)

Co-operative Federation

Others

(v) Paid-up capital of the Proposer (in Rs. Million) it should be asked for the fish Pond

| | | | | | | | |
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(vi) Details of persons/ Financial institutions having Financial Interest in the fish proposed to be insured:

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|------|
| i) |
| ii) |
| iii) |

2. RISK DETAILS

(i) Policy Period: (DD/MM/YYYY)

From:

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 To:Midnight

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(ii) Address of Fish pond:

(iii) Number of Fish to be insured:

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(iv) Purpose of rearing:

(v) Please provide the details of Fish proposed to be insured under the Policy

| S.No | Fish Type | Breed | Number of fish per Hectare |
|------|-----------|-------|----------------------------|
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(iii) Total Sum Insured (Rs)

Please provide the details of Sum Insured under the Policy in the following format for Input cost basis

| Fish type | Breed | Number of fish per Hectare | Input cost details | Proposed Sum Insured in Rs. |
|-----------|-------|----------------------------|----------------------------------|-----------------------------|
| | | | Cost Seed/advance Fry/Fingerling | |
| | | | Cost of Inputs | |
| | | | a)Rent for the pond | |
| | | | b)Labor Charges | |
| | | | c)Feeding Expenses | |
| | | | d)Cleaning Expenses | |
| | | | e. Other incidental expenses | |
| | | | | Total-Sum Insurance(Rs) |

OR

Please provide the details of Sum insured under the policy in the following format as per Market value basis

| Fish type | Breed | Number of fish per Hectare | Input cost details | Proposed Sum Insured in Rs. |
|-----------|-------|----------------------------|--------------------|-----------------------------|
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| | | | | |
| | | | | Total Sum Insured(Rs) |

ICICI Lombard General Insurance Company Limited

(vi) Excess percentage opted, if any

(vii) EXTENSIONS:

If you want to avail of the extensions under the Policy by payment of additional premium, please specify below:

- Total Loss due to Diseases Yes [] No []
- Total Loss due to Act of God perils Yes [] No []
- Agreed Bank Clause Yes [] No []

(viii) Has any Insurance Company declined your proposal or refused to renew your Policy: Yes/ No
If yes, please provide details:

| Previous Insurer | Policy No | Policy Period | Sum Insured |
|------------------|-----------|---------------|-------------|
| | | | |
| | | | |

(ix) Past claim history, if any
Please provide the claims history for the preceding three years in format below:

| Particulars of the insured fish | Nature and cause of loss | Amount of Loss |
|---------------------------------|--------------------------|----------------|
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Any additional information relevant to the policy applied for

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Note: Please use additional sheets if space is not sufficient to complete details.

3. MODE OF PAYMENT

- Cheque No.: _____ dated ___/___/___
Drawn on _____
- DD No.: _____ dated ___/___/___
- Drawn on _____

Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*?

Yes No

If yes, please give details (Nature of relationship and position held by PEP):.....

**Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*

Declaration

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

I/We authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details with Government bodies/ Regulatory Authorities/ Statutory bodies/ relevant industry associations, or under court orders as may be required and / we will not hold the Company and its agents liable for use of this information.

I/We agree that the Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this policy.

Place: Proposer's Signature _____

Date: Name: _____ Designation _____

(DDMMYYYY)

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IRDA Reg. No. 115

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Mumbai 400 025

UIN : IRDAN115RP0002V01200809 (Inland Fish Insurance)

Toll free no : 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

STATUTORY WARNING

PROHIBITION OF REBATES
(Under Section 41 of Insurance Act 1938)

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 of 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 published prospectuses 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.

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**PROPOSAL FORM INLAND FISH INSURANCE
(Group)**

Marketing Officer:
Branch Address:

Phone #:

Business Sector:

- Banks
- Co-operative Federation.
- Corporate Customer
- Other

Proposal Form No:

Group I.D. No:

GUIDELINES FOR COMPLETION OF THE FORM

- Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- Insurance is a contract of "Utmost Good Faith" requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
- The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.
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SCOPE OF COVER

The policy indemnifies the insured against the Total Loss (atleast 80 / 60 % of the total population of insured Fish) sustained as a result of death due to accident occurring during the policy period.

SIGNIFICANT EXCLUSIONS

This Policy does not cover any claim arising due to Natural mortality, intentional poisoning or killing, improper management, any loss of insured fish during transit by any mode etc. For a detailed set of exclusions, kindly refer to the policy document.

EXTENSIONS

In addition, certain optional extensions are available- Total Loss due to diseases, Total Loss due to Act of God perils and Agreed Bank Clause.

NOTE

3. The foregoing is only an indication of the cover offered. For details, please refer to the Policy.
4. The liability of the Company does not commence until this Proposal Form has been accepted by the Company and premium paid in full.

DETAILS: Put a (✓) mark wherever applicable

4. PROPOSER INFORMATION

(vii) Proposer's name (please leave a space after each part of name)

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(viii) Proposer's mailing address (please leave a space after each part of address)

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City/Town/Village

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Pin Code

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Phone number

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Fax number

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E-mail address

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(ix) Proposer's trade or business

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(x) Nature of the Proposer:

Individual / Corporate

Bank

District Rural Development Agency (DRDA)

Co-operative Federation

Others

(xi) Paid-up capital of the Proposer (in Rs. Million) it should be asked for the fish Pond

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(xii) Details of persons/ Financial institutions having Financial Interest in the fish proposed to be insured:

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|------|
| i) |
| ii) |
| iii) |

5. RISK DETAILS

(x) Policy Period: (DD/MM/YYYY)

From:

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|--|--|--|--|--|--|--|--|
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 To:Midnight

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(xi) Address of Fish pond:

(xii) Number of Fish to be insured:

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(xiii) Purpose of rearing:

ICICI Lombard General Insurance Company Limited

(xiv) Please provide the details of Fish proposed to be insured under the Policy

| S.No | Fish Type | Breed | Number of fish per Hectare |
|------|-----------|-------|----------------------------|
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(iii) Total Sum Insured (Rs)

Please provide the details of Sum Insured under the Policy in the following format for Input cost basis

| Fish type | Breed | Number of fish per Hectare | Input cost details | Proposed Sum Insured in Rs. |
|-----------|-------|----------------------------|----------------------------------|-----------------------------|
| | | | Cost Seed/advance Fry/Fingerling | |
| | | | Cost of Inputs | |
| | | | a)Rent for the pond | |
| | | | b)Labor Charges | |
| | | | c)Feeding Expenses | |
| | | | d)Cleaning Expenses | |
| | | | e. Other incidental expenses | |
| | | | | Total-Sum Insurance(Rs) |

OR

Please provide the details of Sum insured under the policy in the following format as per Market value basis

| Fish type | Breed | Number of fish per Hectare | Input cost details | Proposed Sum Insured in Rs. |
|-----------|-------|----------------------------|--------------------|-----------------------------|
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| | | | | |
| | | | | Total Sum Insured(Rs) |

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(xv) Excess percentage opted, if any

(xvi) EXTENSIONS:

If you want to avail of the extensions under the Policy by payment of additional premium, please specify below:

- Total Loss due to Diseases Yes [] No []
- Total Loss due to Act of God perils Yes [] No []
- Agreed Bank Clause Yes [] No []

(xvii) Has any Insurance Company declined your proposal or refused to renew your Policy:

Yes/ No

If yes, please provide details:

| Previous Insurer | Policy No | Policy Period | Sum Insured |
|------------------|-----------|---------------|-------------|
| | | | |
| | | | |

(xviii) Past claim history, if any

Please provide the claims history for the preceding three years in format below:

| Particulars of the insured fish | Nature and cause of loss | Amount of Loss |
|---------------------------------|--------------------------|----------------|
| | | |
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Any additional information relevant to the policy applied for

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Note: Please use additional sheets if space is not sufficient to complete details.

6. MODE OF PAYMENT

- Cheque No.: _____ dated ___/___/___
Drawn on _____
- DD No.: _____ dated ___/___/___
- Drawn on _____

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
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Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*?

Yes No

If yes, please give details (Nature of relationship and position held by PEP):.....

**Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*

Declaration

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required.

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/we declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Insurer.

I/We authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details with Government bodies/ Regulatory Authorities/ Statutory bodies/ relevant industry associations, or under court orders as may be required and / we will not hold the Company and its agents liable for use of this information.

I/We agree that the Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this policy.

Place: Proposer's Signature _____

Date: Name: _____ Designation _____

(DDMMYYYY)

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN : IRDAN115RP0002V01200809 (Inland Fish Insurance)

Toll free no : 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

STATUTORY WARNING

PROHIBITION OF REBATES
(Under Section 41 of Insurance Act 1938)

3. 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 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.
4. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

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