

Area in Acres/Hectares

PROPOSAL FORM FOR CROP INSURANCE

Agent / Broker: Agent / Broker: Account No.: Policy Number: Income Tax No. (PIN): Inco			
Account No:	SECTIO	DN 1 – PROPOSER DETAILS	
Policy Number:	•	Agent / Broker:	
• Income Tax No. (PIN):	•	Account No.:	
cR12 (if applicable):	•	Policy Number:	
Source of Income (tick as applicable): Business Proceeds Rent (Real Estate) Donations Government Funding	•	Income Tax No. (PIN):	(attach a copy)
Business Proceeds Rent (Real Estate) Donations Government Funding Source of Wealth (tick as applicable): Legal Settlement Royalties Interest Savings Court Order Sale of Property Sale of Investment Government Funding Shareholders Contribution SECTION 2 - PROPOSAL DETAILS	•	CR12 (if applicable):	(attach a copy)
Legal Settlement Royalties Interest Savings Court Order Sale of Property Sale of Investment Government Funding Shareholders Contribution SECTION 2 - PROPOSAL DETAILS			vernment Funding
2.1) Period of Insurance From (Day/Month/Year) To (Day/Month/Year) 2.2) Types of Crops to be Insured: 2.3) Exact Location of the Farm: 2.4) How long has the insured been in the current business? SECTION 3 – DESCRIPTION OF FIELDS Farm Management Name	□ Lega	al Settlement □ Royalties □ Interest □ Savings □ Co	·
From (Day/Month/Year) To (Day/Month/Year) 2.2) Types of Crops to be Insured: 2.3) Exact Location of the Farm: 2.4) How long has the insured been in the current business? SECTION 3 – DESCRIPTION OF FIELDS Farm Management Name	SECTIO	DN 2 – PROPOSAL DETAILS	
2.3) Exact Location of the Farm:			
2.4) How long has the insured been in the current business? SECTION 3 – DESCRIPTION OF FIELDS Farm Management Name	2.2) Ty	rpes of Crops to be Insured:	
SECTION 3 – DESCRIPTION OF FIELDS Farm Management Name Special Training No. of years on the Farm Farm Manager Deputy Manager Crops to be insured: Detail Crop (A) Crop (B) Crop (C) Variety Planting Dates	2.3) Ex	act Location of the Farm:	
Farm Management Name Special Training No. of years on the Farm Farm Manager Deputy Manager Crops to be insured: Detail Crop (A) Crop (B) Crop (C) Variety Planting Dates	2.4) H o	ow long has the insured been in the current business?	
Name Special Training No. of years on the Farm Farm Manager Deputy Manager Crops to be insured: Detail Crop (A) Crop (B) Crop (C) Variety Planting Dates	SECTIO	ON 3 – DESCRIPTION OF FIELDS	
Farm Manager Deputy Manager Crops to be insured: Detail Crop (A) Crop (B) Crop (C) Variety Planting Dates	Farm N	Management	
Deputy Manager Crops to be insured: Detail Crop (A) Crop (B) Crop (C) Variety Planting Dates	Name	Special Training No. of years on the Farm	
Crops to be insured: Detail Crop (A) Crop (B) Crop (C) Variety Planting Dates	Farm N	Manager	
Detail Crop (A) Crop (B) Crop (C) Variety Planting Dates	Deput	y Manager	
Variety Planting Dates	Crops t	to be insured:	
Planting Dates	Detail	Crop (A) Crop (B) Crop (C)	
Planting Dates	Variety	у	

Detail	Crop (A) Crop (B) Crop (C)				
Area under Crop (Acres/Hectares)					
Age of Crop (for perennials)					
Number of Plants per Acre					
Market Supplied (Local/Intl.)					
Sum Insured					
Production Costs per Crop					
Cost Item 0	Crop (A) Crop (B) Crop (C)				
Seed					
Fertilizer					
Crop Protection Products					
Irrigation (if any)					
Fuel (if any)					
Land Lease (if any)					
Labour					
Herbicides (if any)					
Other Costs (specify)					
Total Production Cost					
Expected Harvest (KGs/acre/ha)					
Sale Price per KG					
SECTION 4 – INSURANCE ASPECTS	S				
4.1) Loss Experience – over the la	st years				
Year Crops Area Planted Area De	estroyed Causes (Perils) Value of Loss				
(Use same currency as in contract)				
4.2) What do you consider to be the biggest threat to your crops?					
4.3) Is there any active risk mana	gement implemented on the farm?				

CONSENT & DECLARATION

I/We hereby declare that the information given above is truthful and correct to the best of my/our knowledge and belief. I/We confirm that I/we have not withheld any material information. I/We further declare that the amounts proposed for insurance represent the full value of the property described.

(e.g., special varieties planted, contour farming, windbreaks, irrigation, etc.)

Proposer's Signature:	
abide by the terms and conditions of the policy to be issued.	
I/We agree that this Declaration shall form the basis of the contract between me/us and Galloways, and I/we agree	to:

Date:
No liability is undertaken until this Proposal is accepted by Galloways and the premium is paid (except as provided

under the official Cover Note).