



PROPOSAL FORM FOR WEATHER INSURANCE POLICY

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Please use additional sheets wherever space is not sufficient to fill up the details.
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 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 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 premium paid.

SCOPE OF COVER

The policy compensates the insured for the cost of input, yield and/or increased operational costs of agricultural or non-agricultural economic activity, resulting from deviation of Observed Index from Strike Index as stated in coverage within a specific geographical location and specified time period, subject to a maximum of the Sum Insured in the manner specified in the Policy schedule.

SIGNIFICANT EXCLUSIONS

This Policy does not cover liability on account of any deviation in Weather Index caused by or resulting from ionizing radiations, contamination by radioactivity or nuclear waste.

NOTE

The forgoing is only an indication of the cover offered. For details please refer to the Policy document.

CLIENT INFORMATION

Name of the Proposer _____

Growers Father's /Husband name _____ Sex Male Female

Address _____

State _____ District _____ Taluka _____ Zone/Hubli _____

Block _____ Gram Panchayat _____ Village _____

Reference AWS _____ Notified Unit _____ Pin Code _____ Telephone No. (if any) _____

E-mail ID _____

Crop Cultivated _____ Coffee Variety _____

Proposer Trade **OR** Business Type of activity Agriculture Non Agriculture Area under Cultivated (in Hectare) _____

Insured Ares (in Hectare) _____ Survey No for Insurance _____ Sum Insured/Hectare _____ Total Sum Insured _____ Premium/Hectare _____

Total premium _____ Instrument no. _____ Instrument date

Instrument amount _____ Mode of Payment _____

Period of Insurance From To Identity proof _____

Bank Name _____

Account holder name _____

Account no _____ Bank IFSC code _____ Branch Name _____

Details of proposed insured and persons and persons having financial interest in the property to be insured (please specify banks/institutions from whom financial assistance may have been obtained against the security of the property to be insured)1

Has any insurance company declined your proposal or refused to renew any of your policies? Yes No

Previous Insurer _____ Policy No. _____

Have you suffered any loss or damage due to Weather Deviations in the past? Yes No

If yes, please provide the claims history for the preceding three years in format below: Yes No

Particulars of Policy _____ Nature of Loss _____ Amount of Loss _____

Any additional information relevant to the Policy

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

DECLARATION BY PROPOSER

I/We authorise the Company and all other group companies of ICICI Bank Group and their agents to exchange, share or part with all the information relating to our personal and financial details and information, and the information provided by me/ us in respect of the proposed insured persons to other ICICI Bank Group companies/ Banks/ Financial Institutions/ Credit Bureau/ Agencies/ Statutory Bodies as may be required and I/We will not hold the Company and all other group companies of ICICI Bank Group and their agents liable for use of this information.

I/We agree that the Policy shall become voidable at the option of the Company, 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.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

Place : _____

Date: / /

Proposer's Signature

Name _____

Insurance is the subject matter of the solicitation

**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 five hundred rupees.

Enclosure:-

1. Growers Identity Proof
2. Land Records/Lease agreement
3. Bank Account Details- Passbook/Cancelled Cheque
4. Premium paid receipt/Cheque/DD/any other mode
5. Others (copy of pamphlet Seal and signed by broker and Signed by proposer)



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com
Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.
IRDA Reg. No. 115. • CIN: L67200MH2000PLC129408.