



CROP INSURANCE PROPOSAL FORM

A. Insured details

Name of Proposer _____

Telephone/Mobile _____

Postal Address _____ Postal code _____ Town _____

Location of Farm _____

Period of cover(Season): From _____ To _____

Give details of financier if any: _____

Give details of Farm Manager if any: - Name _____ Tell No: _____

B. Details of crop to be insured

Year (Last five years consecutively) 20__ __	No. of Acres (under proposed crop in each year)	Actual Yield	Cause of Losses (Tick As Appropriate)			
			Drought	Flooding	Pest & Diseases	Others(Specify)
20__ __						
20__ __						
20__ __						
20__ __						
20__ __						

Table 1 * Historical yield will be used to calculate Long-term Average Yield

1. What is your Cost of production per acre? _____
2. Please nominate your expected selling price/value in Kshs. _____ per _____
3. Level of coverage chosen between 50% and 85 % (_____ % of *Long-term Average Yield



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4. Do you wish to extend the cover to harvested crop whilst stored at the farm or any other place of temporary storage and in transit to a recognized buyer? (tick as appropriate) (Yes)/ (No)

Sketch map of the area for the crop/under crop

Figure 1 where possible provide GPS coordinates.

C. Experiences

1. Have you suffered any loss/Damage on this crop during the last 5 years? If so, give details including the year and quantities?

2. Has any of your proposal for Crop Insurance been declined before or any special conditions imposed on the proposal? If yes, please give details

3. Provide any other information that can affect your crop insurance plan that you wish the company to know if there is any?



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D. Declaration.

I/We the undersigned hereby declare that all the above Statements and Particulars are true and shall be the basis of the contract between me/us and **Geminia Insurance Company Ltd** and that no information material to the insurance has been withheld and I/We are willing to accept a policy subject to the terms and conditions prescribed or endorsed thereon.

Date: _____ **Signature of Proposer:** _____

Intermediary: _____