

THE ORIENTAL INSURANCE COMPANY LIMITED
 Regd. Office: Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002
 CIN No.U66010DL1947GOI007158

**AQUACULTURE (SHRIMP/PRAWN) INSURANCE
 PROPOSAL FORM**

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| 1. | a. Name of the Proposer and Address b. Phone Nos. c. E-Mail id | |
| | Name of the Financing Bank and Address b. Phone Nos. c. E-Mail id | |
| 2. | Location of site(s) on which insurance required: | |
| | a) Survey No | |
| | b) Immediate neighbours | East West North South |
| | c) No. of Ponds proposed for insurance and | Ponds Number. : |
| | d) water spread area of each pond (in hectares). | i. ii. iii. |
| | e) Are you insuring all the ponds under cultivation It may be noted that all the Ponds under cultivation must be insured. Selection of Ponds for the purpose of insurance is not allowed. | |
| | f) Identification of Ponds (Enclose plan of farm site and mark identification of all ponds thereon and Reservoir/effluent treatment system etc.) | |
| | g) Soil Type- Sandy Clay / Sandy Clay Loam / Clay Loam / Others | |

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| 3 | 1. Whether the Project/site is owned by the proposer or is on lease? | |
| | 2. Type of Construction | |
| | 3. What is the strength of Bunds? Top Width Bottom Width Height | |
| | 4. Total volume of earth work done to lay the bunds in cubic meters. | |
| | 5. Did you insure tank bunds, if yes give details. | |
| 4. | 1. Whether the site is approved as suitable for prawn/shrimps farming by any Govt. agency? (specify the agency and attach the proof, if any) | |
| | 2. Give details of license / registration obtained from Coastal Aquaculture Authority (CAA) / any other Competent Authority | |
| 5. | i. Name the source of water supply to ponds/farm | |
| | ii. Are you having any water reservoir in the farm premises? | |
| | iii. If yes, what is the capacity of reservoir? | |
| 6. | In relation to the supply and quality of water in ponds, answer the following: | |
| | i. Salinity measured in the water source and how often you measure the salinity in each pond? | |
| | ii. Oxygen level measured in the water source and how often do you oversee oxygen level in ponds? | |
| | iii. Whether secondary Power source is available (like back-up generator) | |
| 7. | i. What are the main species of prawn/shrimps proposed to be farmed on the site? | |
| | ii. From where do you obtain seed material (post Larvae) for the farming. | |
| | iii. Have you used certified specific pathogen free (SPF) seed / specific pathogen Resistant (SPR) / high disease free seed/Post Larvae (PL). If yes, give details | |
| | iv. Do you use artificial feeds? | |
| | v. Sources of feed. | |

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| | vi. What is the expected/projected feed: conversion ratio | |
| 8. | Density of larvae you stock in ponds per sq.mtr | |
| | 1. Type/species of Shrimp/Prawn proposed to be cultured | |
| | 2. Proposed date of stocking in ponds | |
| | 3. Expected survival percentage at the end of the crop period | |
| | 4. Projected/expected average Body-weight at the end of crop period | |
| | 5. Stocking Density | |
| | 6. Type of culture you practice. Please specify | |
| | 7. What is the proposed culture period you want to adopt in the farm (specify the number of Days) | |
| | 8. Expected Dates of Harvesting | |
| 9. | 1. How often do you sample the population in each pond? | |
| | 2. What are the facilities you have in your laboratory, if any? | |
| | 3. What is the time you keep the pond empty after each harvest and what sort of preparation will you make before next cycle of restocking? | |
| | 4. Give details of diseases/problems faced in your farm for the last 2 years | |
| | 5. Give details of procedure you adopt to prevent disease in your farm | |
| 10 | 1. Since how long you are in prawn/shrimps farming activity? | |
| | 2. What is the expected input cost per hectare you propose to incur for this crop period? | |
| | 3. Give the maximum quantity of prawn/shrimps) you expected to harvest per hectare during the crop? | |
| | 4. No. of crops so far harvested in your farm and furnish the details on stocking: density, survival rate recorded and quantity harvested per hectare. | |
| 11. | Details of Personnel on the farm/attached to your farm and their experience in prawn/shrimps farming. | |
| 12. | What type of records do you maintain in the farm? (Enclose specimen of the sheets of records to this proposal) | |
| 13 | Do you use NaCSA (National Centre for Sustainable Aquaculture) supplied pond record books to keep records? | |

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| 14. | Is your farm having effluent treatment system? If yes, give details | |
| 15. | Is the site/farm proposed for insurance exposed to flood, tidal wave, Storm, Earthquake, Pollutions, drought, diseases previously? | |
| 16. | What precautions are taken to protect the crop from Natural Calamities? | |
| 17. | Give details of all types of losses that have occurred since the farm started operation. | |
| 18. | Has any insurer declined to insure the farm proposed now or any kind of special condition or increased premium imposed? | |
| 19. | Has there been an epidemic in any of the preceding two (one or both) Crop cycles in the District/Mandal in which your farm is situated? Note: Epidemic means epidemic in relation to the shrimp/prawn farming | |
| 20. | State which cover required. (please indicate 'Yes' or 'No' in the box alongside) | |
| | Section-I : Basic cover | |
| | Section-II : Basic + Diseases Cover | |
| 21. | Sum Insured based on input cost | In Indian Rupees |
| i | Seed | |
| ii | Feed | |
| iii | Fertilizer | |
| iv | Probiotics | |
| v | Fuel | |
| vi | Nets/Plastiwires | |
| vii | Labour | |
| viii | Repair/Maintenance | |
| ix | Addl. Genset | |
| x | Other Misc. | |
| | Total Input Cost | |

I/We, the undersigned, warrant that the statements/answers contained in this proposal/application are true and correct.

I/We understand that any false statement or misrepresentation of material fact will void any right to indemnify under the insurance policy hereby applied for. I/we further warrant that my/our Shrimp/Prawn are in sound health and good condition and to the best of my/ our knowledge and belief, free from any kind of infection or disease.

PLACE:

SIGNATURE

DATE:

NAME IN FULL:

ADDRESS

PROHIBITION OF REBATES (Section 41 of the Insurance Act 1938 provides)

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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

CERTIFICATION

I Certify that on _____, I have inspected the farm of Mr./M/s. _____ having ponds numbering _____ identified as _____. I declared that I have gone through the statements/answers furnished by the proposer(s) in the proposal Form and confirm correctness of the same.

I also certify that the Prawn/Shrimps (post larvae) are free from any disease, defect and parasitical attacks. The Project/Farm site is free from any chemical conditions of the soil and physical and chemical conditions of water harmful to Prawn/Shrimps crop. There is no disease prevalent in the farms or its vicinity and I recommend the Insurance Company to accept the risk.

PLACE:

**SIGNATURE OF COMPETENT OFFICER
(MPEDA/BFDA/STATE FISHERIES DEPARTMENT
/ AQUACULTURE AUTHORITY)**

DATE:

NAME:

QUALIFICATION:

ADDRESS: