



# THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office : Oriental House, P.B. No. 7037, A-25/27,  
Asaf Ali Road, New Delhi - 110002

## KISAN PACKAGE POLICY PROPOSAL-CUM-POLICY SCHEDULE

Address of the Policy issuing office

Attached to and forming part of the policy no.

Proposer's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation-\_\_\_\_\_ Period of Insurance - From \_\_\_\_\_ to \_\_\_\_\_.

DESCRIPTION OF PROPERTY					SUM INSURED	PREMIUM RATE	PREMIUM AMOUNT
<b>SECTION - I BUILDING AND CONTENTS :</b>							
(A) FIRE AND ALLIED PERILS & TERRORISM I) BUILDING OF CLASS A CONSTRUCTION II) BUILDING OF OTHER THAN CLASS A CONSTRUCTION III) CONTENTS (EXCLUDING JEWELLERY & VALUABLES) (B) BURGLARY AND HOUSE BREAKING							
<b>SECTION -II STOCK OF FARM PRODUCE :</b>							
(A) FARM PRODUCE I) IN GODOWN II) IN OPEN (B) UNPROCESSED GRAINS IN FIELDS							
<b>SECTION-III TELEVISION SET</b>							
NAME OF MANUFACTURE R	MAKE & YEAR OF MAKE	MODEL	VALUE	TOTAL VALUE			
<b>SECTION- IV PEDAL CYCLE/ CYCLE RICKSHAW</b>							
NAME OF MANUFACTURER	MAKE & YEAR OF MAKE	FRAME NO.	VALUE INCLUDING ACCESSORIES				

SECTION-V PERSONAL ACCIDENT JPA/GPA																			
NAME/SEX/ AGE	OCCUPATIO N	DETAILS OF EXISTING DEFORMITY OR DISABILITY IF ANY	NAME OF ASSIGNEE	RELATIONSHIP WITH THE INSURED															
<p>ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE JPA/GPA SECTION V</p> <p>I .....hereby assigned the money payable in the event of my death by Oriental Insurance Company limited to Mr./Mrs.....my ..... and I further declare that his/her receipt shall be sufficient discharge to the company.</p> <p>Place ..... Date ..... Signature.....</p> <table border="0"> <thead> <tr> <th>Sr. no.</th> <th>Name</th> <th>Address</th> <th>Signature</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Note: In case more than one person is covered separate assignment clause is required to be signed by each such proposer on a sheet of paper duly witness by two persons and to be attached with this Proposal-cum-Policy Schedule.</p>					Sr. no.	Name	Address	Signature	1.				2.						
Sr. no.	Name	Address	Signature																
1.																			
2.																			
SECTION VI ARTISAN'S VILLAGE, COTTAGE INDUSTRY, TINY SECTOR, BIOGAS																			
<p>BIOGAS PLANT /TINY SECTOR INDUSTRIES AS DEFINED BY GOVERNMENT</p> <p>Note (i)Original Investment in machinery and equipment should not exceed Rs. 5 lacs and (ii)The total value at risk (including building machinery stock and stock in process should not exceed Rs. 15 lacs.</p>																			
SECTION-VII LIVESTOCK/CATTLE																			
TYPE OF ANIMAL BREED/EAR TAG NO.	SEX/COLOUR & AGE	NATURE IDENTIFICATION MARKS																	
SECTION VIII KISSAN AGRIL PUMPSET (UPTO 25 HP)																			
<p>PUMP</p> <p>Make .....SI. No. .... Make.....SI.No..... Type .....Yr. of Make .....HP.....Amp..... Suction.....Volt.....Yr.of Make..... No. of Cylinder..... Delivery..... RPM.....</p>				<p>DRIVING UNIT (ELECTRIC/DIESEL)</p>															

SECTION IX POULTRY/DUCK						
TOTAL NO. OF UNITS/ NO OF BIRDS IN EACH UNIT	DATE OF PURCHASE UNITWISE AND PRICE	SOURCE OF PURCHASE AND EXPECTED DATE OF DISPOSAL				
NOTE: i) All birds within the premise should be insured. ii) No selective insurance is to be admitted. iii) Separate vety. health certificate has to be furnished. iv) Valuation table (weekly)will form the part of this policy for claim settlement.						
SECTION X BAGGAGE						
DETAILS OF PERSONAL BAGGAGE EFFECTS & OTHER ARTICLES CARRIED DURING THE PERIOD OF TRAVEL ANYWHERE IN INDIA						
SECTION XI ANIMAL DRIVEN CART/TONGA/COACHES						
1) PARTICULARS OF THE VEHICLES						
DESCRIPTION OF VEHICLE INCLUDING TYRE AND ACCESSORIES	MAKE LICENCE, PERMIT NO. AND VALIDITY DATE	ID NO. MUNICIPALTY REGN. NO. PURPOSE OF USE, GOODS / PASSANGER CARRYING CAPACITY				A) PRESENT ESTIMATED VALUE (INCL. ACCESSORIES) B) IS IT IN SOUND STATE OR REPAIR
2) PERTICULARS OF THE ANIMALS						
SEX,AGE,BREE DCOLOUR AND NATURAL MARKS	EAR TAG NO.	PRESENT MARKET VALUE	SUM INSURED			
3) DO YOU REQUIRE COVER AGAINST DEATH OF ANIMAL			YES/NO			
4) WILL THE VEHICLE BE DRIVEN ONLY BY YOU? IF ANY OTHER PERSON WILL DRIVE THE VEHICLE REGULARLY PLEASE STATE HIS NAME,AGE AND ADDRESS			YES/NO			

5) DO YOU OR ANY OTHER PERSON WHO TO YOUR KNOWLEDGE WILL DRIVE SUFFER FROM DEFECTIVE VISION OR HEARING OR ANY OTHER PHYSICAL DEFECT YES/NO						
6) DO YOU LIKE TO INSURE YOUR LIABILITY AT LAW TOWARDS PUBLIC AND PASSENGER ARISING OUT OF USE OF THE VEHICLE YES/NO						
7) DO YOU WISH TO INSURE THE DRIVER OF THE VEHICLE AGAINST ACCIDENTAL DEATH OR DISABILITY YES/NO						
<b>SECTION- XII HONEY BEE</b>						
TYPE OF BEE COLONY & NO.	TYPE NO. OF BEE HIVES & IDENTN	S.I. OF HIVES	S.I. OF BEE COLONY			
1) DO YOU REQUIRE THEFT COVER YES/NO						
2) DO YOUR REQUIRE COVER AGAINST TOTAL LOSS/DAMAGE TO BE COLONIES DUE TO SPECIFIES VIRAL DISEASES & PESTICIDE POISONING YES/NO						
3) TRANSIT COVER YES/NO						
<b>SECTION XIII GUN/FIRE ARMS</b>						
MAKE & MODEL	YEAR OF MANUF REGN. NO.	USER NAME LICENCE NO.	ESTIMATED VALUE			
<b>SECTION-XIV MEDICLAIM</b>						
INSURED NAME	SEX, DATE OF BIRTH, AGE	FATHER'S NAME	CATEGORY OF BENEFITS OPTED			
Pre –existing diseases if any : Note: Domiciliary Hospitalisation benefit is not available.						

<b>SECTION XV AGRICULTURAL TRACTOR</b>						
REGN NO.	ENGINE NO. & CHASIS NO.	H.P./C.C.	MAKE YEAR OF MANUFACTURING			
LICENCED GOOD CARRYING CAPACITY	I.E.V. OF THE VEHICLE (RS.)	NON-ELECTRIC, ELEC & ELECTRONICS ACCESSORIES (RS.)	TOTAL I.E.V. (RS.)			
HIRE PURCHASE/LEASE HYPOTHECATION IF ANY						
STATE TYPE OF PERMIT UNDER WHICH VEHICLE IS REGISTERED						
NOTE: Increased cover against third party property damage can be extended with additional premium as per schedule						
<b>SECTION XVI TWO WHEELER</b>						
TYPE OF POLICY – (LIABILITY / PACKAGE)						
REG. NO.	ENGINE NO. & CHASIS NO.	C.C.	MAKE /MODEL			
YEAR OF MAKE	Electric / Electronic Accessories	Non Electrical Accessories (RS.)	TOTAL IDV			
HIRE PURCHASE/LEASE HYPOTHECATION IF ANY						

<p>Note: The liability of the company does not commence until the proposal has been accepted by the Company and the premium paid</p>	<p>Total Premium</p>
	<p>LESS</p> <ol style="list-style-type: none"> <li>1. Section Discount</li> <li>2. Group Discount</li> </ol>
	<p>NET PREMIUM :</p>

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal cum schedule forming part of the company's standard policy shall be the basis of the contract between me/us and the insurance company .I/we further decide that the sum insured herein represented the full value of the property /person/animals/birds/carts described herein.

PLACE:

DATE:

SIGNATURE OF THE PROPOSER