



Agriculture Insurance Company of India Ltd.

SOOKHA SURAKSHA KAVACH (SSK)

PROPOSAL FORM

Name of the proposer :						
Father's Name :						
Address :						
Village :						
Post Office :						
Block/Tehsil :						
District :						
Phone No. :						
Details of crop and acreage proposed for insurance under SSK:						
Crop	Village	Survey No.	Acreage (Ha)	Sum Insured (Per Hectare)	Total Sum Insured	Premium
Total:						
Service Tax @ 10.2%:						
Gross premium (Rs.):						
Reference IMD Rain gauge station:						
Bank/Branch Account No.:						
Address of the Bank:						

Declaration

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 AIC and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and AIC and I/We agree to accept a Policy subject to the conditions prescribed by AIC.

I/We agree that the Policy shall become voidable at the option of AIC, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in the proposal form to obtain any benefit under this Policy.

I further declare that, no insurance is effected or will be effected during the season covering the same crop in the same survey number, under any other crop insurance scheme, including National Agricultural Insurance Scheme (NAIS).

Place: _____ Proposer's Signature _____
Date: _____ Name: _____

(office seal, designation and address of the person signing the proposal in case of master proposal)