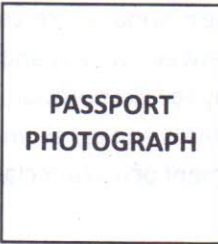




# NIGERIAN AGRICULTURAL INSURANCE CORPORATION

Head Office: Plot 590, Zone A0, Central Area  
 P.O. Box 3754, Garki, Abuja  
 www.naic.com.ng  
 Email: info@naic.com.ng



## PROPOSAL FORM FOR POULTRY INSURANCE

"Anyone who assists applicant to complete an application or proposal for Insurance shall be deemed to have done so as the agent of the applicant"

Broker/Agent:..... Date:.....

- 1(a) Name of Proposer:.....  
 (Surname first)
- (b) Residential address:.....
- (c) Permanent residential address.....
- (d) Postal address.....
- (e) Telephone Number..... email address.....
- (f) Business/Occupation:.....
- (g) Nationality..... Sex..... Marital Status.....
- (h) Form of identification (tick): International Passport  National ID Card  Driver's Licence  Others (specify)
- (i) Permanent/Temporary Residence Permit Number (for non-Nigerians):.....

2 Location of Farm detailing in Km nearest to the village or town:	3 District/Community	4 Local Government Area and State:
	6 Pen area (in sq. Metres):	7 Area stocked (in sq. metres)
8 Class of poultry: Chick <input type="checkbox"/> Duck Turkey: <input type="checkbox"/>	9 Type of stock ( ) Broilers <input type="checkbox"/> Layers <input type="checkbox"/> Others <input type="checkbox"/>	10 Stock Population:
11 Rearing System ( ) Battery <input type="checkbox"/> Deep Litter <input type="checkbox"/> Free Range <input type="checkbox"/>	12 Type of Feeds ( ) Commercial <input type="checkbox"/> Name..... Compounded on farm <input type="checkbox"/>	13 Source of water ( ) Tap <input type="checkbox"/> Well/Borehole <input type="checkbox"/> Others <input type="checkbox"/>
14 Any loss on the farm before? Yes <input type="checkbox"/> No <input type="checkbox"/>	15 Period of Cover From:.....20..... to .....20....	

16 Estimated Production Cost (a) Cost of Chick (b) Feeds (c) Vaccinations (d) Medication (e) Labour (Poultry Attendant) (f) Utilities and Miscellaneous item (g) Interest on Loan (if any) _____	Amount (₦) _____
<b>TOTAL INPUT</b> _____	

17 Finance (a) Self  (b) Loan  (c) Others Specify.....

## Declaration

I/We the undersigned and being the applicant(s) declare that the answers/attachments I/We have supplied to this proposal/questionnaire are correct in every respect and agree that this proposal shall be the basis of a contract of insurance between me/us and the Corporation and to accept a policy subject to the terms, exceptions and conditions prescribed by the Corporation. Furthermore, I/we shall undertake to abide by the recommended rearing technology for the insured birds and agree any false statement or misrepresentation made by me/us in this proposal shall be a ground for non-payment of my/our claim.

1 \_\_\_\_\_  
(NAME IN FULL AND SIGN OR THUMB PRINT)

2 \_\_\_\_\_  
(NAME IN FULL AND SIGN OR THUMB PRINT)

Note: (Please sketch exact location of insured farm below on extra sheet)

### NOTES

1. **Minimum Loss to Attract Claim:** In order to qualify for indemnity under this policy, the following minimum loss must have been incurred:

- |                |   |   |
|----------------|---|---|
| Broilers       | - | Above 10% of total stock  |
| Layers         | - | Day Old to 8 weeks, above 10% of total stock: 9 weeks to 72 weeks |
| Breeding birds | - | Above 10% of total stock  |

The insured shall be responsible for the minimum loss (Mortality) on each and every claim.

2. **EXCESS CLAUSE:** in the event of any loss for which the insurer is liable, the insured shall be responsible for 10% of each and every claim.

### OFFICIAL USE ONLY

#### REMARKS ON OTHER OBSERVATIONS AND CONDITIONS

Signed: \_\_\_\_\_

Poultry Specialist

\_\_\_\_\_  
Approving Authority  
Branch Manager or Zonal Manager

Date:.....