



PASSPORT PHOTOGRAPH

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

Head Office: Plot 590, Zone A0, Central Area

P.O. Box 3754, Garki, Abuja

www.naic.gov.ng

Email: info@naic.gov.ng

PROPOSAL FORM FOR CROPS INSURANCE

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:
5	State:	6	Land area of the farm in hectares:	7	Area planted (in hectares)
8	Type of crop(s) planted and Seed varieties used:	9	Date(s) Planting:	10.	Expected date(s) of Harvesting:

11 For the season commencing20..... and ending
..... 20

12 Estimated Cost Input:

Amount

Stage 1

➤ Land Clearing and Stumping

- Seeding/Planting
- Fertilizer Application
- Irrigation

Stage 2

- Weed Control
- Pest Control
- Transportation
- Interest on Loan

Stage 3

- Harvesting (Maturity)
- Miscellaneous

TOTAL INPUT

13 Irrigation: Give details: _____

Unirrigated: (Described rainfall pattern) _____

I/We the undersigned and being the applicant(s) declare that the answers/attachment I/We have supplied to the proposal 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 the policy subject to the terms, exceptions and conditions prescribed by the Corporation.

1. _____ 2. _____
(NAME IN FULL AND SIGN OR THUMB PRINT) (NAME IN FULL AND SIGN OR THUMB PRINT)

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

Provide a sketch map of farm illustrating:

(1) Landmarks such as boundaries, fire breaks, buildings, rivers roads, irrigation channels (if applicable), etc.

Size of growing areas in hectares (designate each area with a separate letter for ease of identification).

OFFICIAL USE ONLY

REMARKS ON OTHER OBSERVATIONS AND CONDITIONS

Signed: _____
Crop Specialist

Approving Authority
Branch Manager or Zonal

Manager

Date:.....