

**SECTION A: Personal /Corporate Data**
**(Individual Applicant)**

Surname: \_\_\_\_\_ Other Name: \_\_\_\_\_ PIN No: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: (dd) \_\_\_\_\_ / (mm) \_\_\_\_\_ (yy) \_\_\_\_\_ ID/Passport No: \_\_\_\_\_

**(Corporate Applicant)**

Business name: \_\_\_\_\_ PIN No: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

**(Both Corporate and Individual Applicants)**

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Physical Address: Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Street: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Fax No: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION B: Property Proposed For Insurance**

Type of Crops to be Insured	
Exact location of the Farm	
How long has the insured been in the current business?	
In what year did the farm start its operations?	

**SECTION C: Farm Management**

Experience and Qualification of owner / deputy

	Name	Qualifications	No. of years on this farm
Farm Manager			
The Deputy			
Others			

**SECTION C: Crops to be Insured**

	<b>Crop a:</b>	<b>Crop b:</b>	<b>Crop c:</b>
Variety			
Vegetative period (dates of planting/harvesting)			
Hectares (ha)			
Age (for perennials only)			
Planting distance (in & within the row)			
No. of plants/ha			
Input Costs <sup>1</sup> /ha			
Annual production (in metric tons)			
Sales value of crop (value/metric tons)*			
Markets supplied (local or export)			
Sum Insured*			

\*: always use the same currency as used in the insurance contract

*(For more space, please copy this page)*

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**1** seeds, fertilizer, crop protection products, irrigation, fuel, land rents, labour etc

## SECTION D: INSURANCE ASPECTS

### A. Loss experience over the last 10 years

Year	Crop (s)	Area planted (ha)	Area destroyed (ha)	Causes (perils)	Value of loss *

\*: always use the same currency as used in the insurance contract

### B. What do you consider to be the biggest threat to your crops?

### C. Is there any active risk management implemented on the farm? (special varieties planted, contour farming, windbreaks, irrigation etc.)

### D. Tick or list perils you would like to have covered?

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Fire                              | <input type="checkbox"/> Windstorm |
| <input type="checkbox"/> Excessive rainfall                | <input type="checkbox"/> Hail      |
| <input type="checkbox"/> Uncontrollable pests and diseases | <input type="checkbox"/> drought   |

## SECTION E: DECLARATION BY THE PROPOSER

I/ We declare and warrant that the above answers/information in every respect are true and correct and I/We have not withheld any information likely to affect the acceptance of this proposal.

Executed at this ..... day of ..... 20 .....

For and on behalf of: .....

Name: .....

Signature: ..... Date: .....

(If Corporate): Designation of contact person: .....

Company Stamp: .....

## Crop certificate

Insured Name								Selected Cover		
Insured's Address								Multiperil Cover		
Insured farm (Name)										
	1	2	3	4	5	6	7	8	9	10
Field No. or Name	Crop Planted & Variety	Hectares Planted	Sowing Date	Emergence Date	Cost of inputs/Ha	Average Yield/ha	Agreed Value per ton Kshs	Sum insured Kshs (2 x 5 or 6 or 7)	Premium rate (%)	Premium KSHs (8 x 9)
1									5	
2									5	
3									5	
4									5	
5									5	
Insured Yield										
							TSI			
										Total Premium