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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

*“Your partner for growth and security”*

**PROPOSAL FORM FOR CATTLE INSURANCE**

Name of proposer with address:	
Business or Occupation:	

**Give the following particulars in full, of each of the animals proposed for insurance (add extra sheets if required)**

Ear Tag No.	Species/Breed	Sex, Color & Distinguishing mark	Age	Vaccination if any	Market Value/Sum Insured

1. Location of the Farm or place where the animals are stabled and the use of animal :
2. Date of when the animal is brought to stabbing:
3. Details of Veterinary Services Available :  YES  NO
4. Period of Insurance : From..... To .....
5. Name of the Bank which financed the cattle:

**Premium for Death Cover for the cattle @ 10% of SI: Nu.....**

**Additional Cover with an additional premium: Please tick the desired additional cover**

Type of Cover	Loading in Premium	Tick if opted	Extra Premium
Permanent Total Disablement	1.5% Loading on the Standard Premium		
Wildlife Cover	2% Loading on the Standard Premium		

**Total Premium Payable (Premium for death cover plus the premium for additional cover if opted):**

**Nu.....**



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## ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

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### Declaration by Insured

I/We hereby declare that the details given above are true and that all the animals are correctly described and are sound, in good health and free from vice and that they are and shall be used solely for the purpose above stated and are well cared for and regularly fed. I/We also declare that there is no contagious or infectious disease prevalent in the stable or its vicinity.

**Name of the proposer:**

**Signature/ Thumbprint of the Proposer:**

**Date and Place:**

### Declaration by Veterinary Surgeon.

The above said animal was carefully examined by me on\_\_\_\_\_at\_\_\_\_\_ and found to be in sound health. I certify that the animal is free from any pre-existing diseases, injury and is in fit condition for Insurance. I certify that cost of the animal mentioned above is reasonably accurate.

(Signature of Veterinary Surgeon)

Qualification:

Name and Address:

#### Date of Vaccination for each Disease:-

Rinderpest :

Black Quarter :

Anthrax :

Foot and Mouth Disease :

Hemorrhagic Septicemia :