



འབྲུག་གྲུ་ཉེན་སྲུང་ལས་འཛིན་ཚོད།
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

“Your partner for growth and security”

PROPOSAL FORM FOR CATTLE INSURANCE

1. Name of proposer with address:
2. Business of Occupation:
3. Description of animals proposed for Insurance:

Animals identification No. or Mark	Species/Breed	Sex, Colour & Distinguishing mark	Age	No. of calving so far & dated of Last calving	Present Market Value NU.	Sum Insured NU.

4. Location of the Farm or place where the animals are stabled :
5. Details of Veterinary Services Available :
6. Cause of loss and no. of animals lost during the last 3 years :
7. Period of Insurance : From To
8. Details of Bank or other financing Institutions or project interest on the animals if any :
9. Please Tick the Additional Covers Required:
 - I. (a) Quarantine:
 - (b) Place of quarantine:
 - (c) Period: From to
 - II. (a) Transit:
 - (b) Place of Transit from: to
 - (c) Period of Transit from: to
 - (d) Route:
 - (e) Specific Importer Details:
 - III. (a) Cover during Quarantine at the place of stabling:
 - (b) Date: From to (In any case it should not be less than 14 days).
 - IV. Floater Risk:



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Declaration.

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.

Date:

Signature of Insured:

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 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 :

Balck Quarter :

Anthrax :

Foot and Mouth Disease :

Haemorrhagic Septicaemia :