

OPERATIONAL GUIDELINES

Priority Sector Lending (PSL) crop and Livestock Insurance Schemes



R I C B

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CROP INSURANCE

Introduction

The Priority Sector Lending initiated by Royal Monetary Authority of Bhutan (RMA) aims to transform Bhutan's economy through access to finance which has been one of the main bottlenecks for enterprise development. The facility meets the temporary financial needs (such as short-term loans) for development in the farming, manufacturing and service sectors which are identified as priority sectors. Enterprise promotion in agriculture sector is one of the principal initiatives under the facility that will enhance food self-sufficiency and provide gainful employment. However, farming is a risky venture and the risks will have to be cushioned. The Royal Insurance Corporation of Bhutan Limited (RICBL) desires to be a part of the noble initiative and help to cover the associated risks through crop insurance. Such facility enables farmers to remain creditworthy even in years of major crop loss and to avoid falling into the poverty trap.

The target group for this insurance product will be specifically for those who take financial assistance from the various banks with the purpose to cultivate the crops covered under the scheme. In the other words, the loan is collateral free and will be an insurance-based loan. Thus, RICBL endeavors to design and launch the nation's first-ever crop insurance scheme which is comprehensive in risk coverage and affordable for people. The scheme is expected to be easy to administer both in terms of underwriting and payment of claims.

Objective of the scheme

The following are the objectives of the Priority Sector Lending (PSL) crop insurance and livestock insurance scheme:

- 1) To be a part of the Royal Monetary Authority's noble initiative in promoting cottage and small industries.
- 2) To cover the associated risks through crop insurance from loan availed from banks under Priority Sector Lending facility.
- 3) To encourage commercialization of farming for enhanced household income and livelihood.
- 4) To support and encourage youths in taking up an agricultural enterprise that will enable the creation of employment opportunities.

Crops Covered:

The crops covered are as per the PSL list:

- 1) Cereals (rice, buckwheat, maize, and quinoa),
- 2) Oilseed crops (sunflower mustard, groundnut, and soya beans),
- 3) Vegetables (chili, onion, tomatoes, beans, cauliflower, asparagus, peas, broccoli, and carrot),
- 4) Fruits and nuts (apple, pear, persimmon, avocado, kiwi, litchi, banana, passion fruits, strawberry, blueberry, raspberry, dragon fruit, pineapple, walnut, pecan, and mangoes, citrus)
- 5) Floriculture
- 6) Medicinal and aromatic plants (MAPS): cardamom, ginger, turmeric, herbs, garlic
- 7) Mushrooms (Shiitake and oyster)
- 8) Legumes and pulses (kidney beans, peas, and lentils)
- 9) Plantation crops (tea, coffee and green tea, hazelnut, areca nut)
- 10) Nurseries (in horticulture and floriculture)
- 11) Seed production

Perils Covered:

- 1) Any physical damage or loss due to weather – rainfall, storm, tempest, flood, inundation, hailstone, drought (MoAF in consultation with National Center for Hydrology and Metrology will evaluate the drought condition and accordingly declare drought in the location/ region)
- 2) Landslide/Rockslide/subsidence
- 3) Pest & Diseases
- 4) Forest fire (excluding bushfire and damage to crops from burning of debris)
- 5) Damage to crops by wild animals
- 6) Fire (covered only for mushroom, the structure/shed will have to be covered separately)

Additional Coverage: Post Harvest loss

- 1) The crops covered under post-harvest loss are paddy, barley, wheat, rajma bean, mung bean, lentil, soya bean and mustard only

- 2) The post-harvest loss, in this case, refers to the crop being harvested and left on the field for drying as it is without collecting in heaps
- 3) Loss or damage to the above-mentioned crops is valid up to **7 days** after harvesting
- 4) For all other crops not stated in i) above, the insurance will be valid until harvesting.

Sum Insured

The sum insured or the maximum liability of RICB will be pegged at the amount of financial assistance granted by the banks for the purpose of cultivating the above crops. The banks should ensure that necessary process is in place to warrant the amount of loan sanctioned or the Sum Insured commensurate the cost of production of the crops before rendering any financial assistance.

E.g. If the loanee wants to cultivate paddy on a 1-acre land, then the amount of loan to be sanctioned or the sum insured (SI) for insurance will be Nu. 60900/- (Sixty Thousand nine hundred only). This corresponds to the amount of expenditure per acre or the cost of production per acre (Annexure) published by the Ministry of Agriculture and Forest (MoAF).

Premium Payable

The very minimum premium rate was fixed owing to the noble intention behind this initiative. The annual premium rate is **2.9%** and in other words for every one hundred thousand loan taken by the farmer, he or she will pay Nu. 2900/- per year. The premium rate will be subject to revision every two years to ensure that the rate charged is sufficient to pay the claims.

Premium Calculation

E.g. SI for 1 acre of paddy cultivation = Nu. 60900/-

Premium = $2.9/100 * 60900 = \text{Nu. } 1766/-$

Claim Payment

The amount of claim payment upon crop damages due to perils covered will depend on the stages of the growth of the crops during which the damage occurs. The schedule of claims payment will be applied as detailed in Table 1.

Table 1. Claim payment for crops under different growth stages

Sl #	Crop	Crop Stage	Claim eligibility (%)
1	Paddy*- transplanted	Nursery-sowing to before transplanting	50
		Rest of the stages after transplanting	100
2	Paddy- direct seeded	Sowing to germination (2-3 leaf stage)	50
		Rest of the stages	100
3	Vegetables- transplanted	Nursery- sowing to before transplanting	50
		Rest of the stages after transplanting	100
4	Vegetables- directly sown	Sowing to germination (2-3 leaf stage)	50
		Rest of the stage	100
5	Fruits	Planting to fruit bearing stage (0-4 years)	50
		First harvest to rest of stage (>4years)	100
6	Mushroom**- wood log	Covered from inoculation till harvest. Insurance needs to be done even in second year. Franchise limit of 30 % for pest and disease will apply. For other perils, 5 % franchise limit will be applied.	100
	Mushroom- saw dust	Insure for whole year taking into consideration the total production (total blocks in a year). It can be harvested twice in a year but claims will be assessed only	100

		on the number of blocks cultivated during the time of assessment.	
8	Mushroom- straw	Insure for whole year taking into consideration the total production (total blocks). It can be harvested at least 5 times a year but claims will be assessed only on the number of blocks cultivated during the time of assessment.	100
9	Mushroom- spawn production (grain)	Insure for one whole year. Assessment will be done on the number of bottles damaged.	100
10	Mushroom- spawn production (saw dust)	Insure for one whole year. Assessment will be done on the number of bottles damaged.	100
11	Nursery (fruit and nuts, MAPS, vegetable, floriculture & vegetable seed production)	Seeding to seedling stage	100
12	All other crops	Seeding till germination (2-3 leaf stage)	50
		Rest of the stage	100

*Paddy= Expenditure before transplanting = 52 %; after transplanting = 48%

** For mushroom, expenditure of about 80 % is incurred until the spawn is inoculated because of various facilities like structure, logs, water tanks etc. will have to be in place. It takes at least 8 months to fruit. In places like Thimphu and Paro, fruiting will start only after 1 year.

The cost of production and the total expenditure is detailed in the Annexure.

Deductibles

A Franchise limit of 5% will be applied. This means that, if the claim amount is less than 5% of the insured value, the claim will not be payable. However, when the claim amount exceeds the limit, the claim in full will be paid.

The Franchise limit of 30 % will be applied for mushroom enterprise (excluding spawn production) in case of damage due to pest and disease only. This is because mushroom cultivation is under controlled condition. Moreover, the harvest from rest 70 % can make up for the loss. The franchise limit of 5% will apply for rest of the perils.

Types of Claims:

There shall be two types of claims – Total Loss and Partial Loss

1. **Total Losses:** This is a case of total damage to the insured crop by the insured perils, and the insured shall not benefit/harvest any crop as a result of said damage. The sum insured shall be paid out as compensation amount based on the Claim Assessment procedures and the maximum liability of RICB shall be up to the Sum Insured. Franchise deductible of 5% of the assessed claim shall not apply to the total loss cases.
2. **Partial Losses:** Partial losses are cases whereby the insured perils do not fully damage the insured crop, and only some percentage of the insured crop is damaged. In such cases, the claim shall be assessed and compensated based on the extent and percentage of damages sustained by the crops. A Franchise deductible of 5% will be applicable.

Documents Required For Insurance

- 1) Completed proposal form by the proposer.
- 2) Loan sanction letter from the banks
- 3) Cropping plan
- 4) Technical basis from the bank in determining the amount of loan to be insured.
- 5) Details of the land selected for cultivation (location and size) with pictures of the land to be cultivated wherever possible.

Documents Required For a Claim

The insured shall be required to furnish the following for or in support of a claim under the policy:

- 1) Loss intimation from the insured
- 2) Duly completed claim form
- 3) Copy of certificate of insurance
- 4) Loss report or assessment from the local agricultural officer.
- 5) Land record as per the government norms or a certification from the Agricultural Officer and the Geog Administration if the land is leased.
- 6) Photographs of the damaged or loss incurred area of insured Crop which shows the loss under the policy if possible.
- 7) Any other document as may be required by the company

ANNEXURE

Table 2: Cereals Average cost of production (2017)

Sl. No.	Crop	Expenditure (Nu/acre)	Yield (Kg/acre)	Cost of Production (Nu/kg)
1	Paddy	60,900	1627	37.43
2	Maize	23,360	1474	15.85
3	Barley	21,910	714	30.69
4	Wheat	20,600	770	26.75
5	Buckwheat	16,150	628	25.72
6	Quinoa	34,450	649	53.08
7	Mustard	17,000	382	44.50

Table 3: Spices Average cost of production (2017)

Sl. No.	Crop	Expenditure (Nu/acre)	Yield(Kg/acre)	Cost of Production (Nu/kg)
1	Ginger	74,450	2024	36.78
2	Garlic	36,350	712	51.05
3	Cardamom	57,600	197	292.39

Table 4: Vegetables Average cost of production (2017)

Sl. No.	Crop	Expenditure (Nu/acre)	Yield (Kg/acre)	Cost of Production (Nu/kg)
1	Potato	69,315	4111	16.86
2	Cabbage	30,670	2309	13.28
3	Cauliflower	37,945	1541	24.62
4	Radish	20,500	2077	9.87
5	Eggplant	26,910	1510	17.82
6	Chili	43,250	1691	25.58
7	Onion	32,400	1121	28.90
8	Tomato	26,830	1422	18.87
9	Carrot	39,900	1955	20.41
10	Broccoli	30,450	1334	22.83

11	Pea	35,180	1240	28.37
12	Beans	33,000	1200	27.50
13	Sparrow/ Slipper gourd	13,150	1350	9.74
14	Spinach/sag/ mustard green	21,750	1114	19.52

Table 5: Mushroom Average cost of production- Shitake Mushroom (2017)

No. of billets	Expenditure (Nu/acre)	Yield (Kg)	Cost of Production (Nu/kg)
5000	243,800	1500	162.53
10000	406168	3000	135.39
Average	324,984	2,250	149

Table 6: Mushroom Average cost of production- Oyster Mushroom (2017)

No. of billets	Expenditure (Nu/acre)	Yield (Kg)	Cost of Production (Nu/kg)
Estimate for 600 plastic bags (i.e.1 ton straw)	104,027	2160	48.16

Note: Yield of shitake is estimated at 0.3 kg/billet and yield of oyster is estimated at 1.2 kg/plastic bag.

Table 7: Fruits Average cost of production (2017)

Sl. No.	Crop	Expenditure (Nu/acre)	Tree per acre	Yield (Kg/acre)	Yield (kg/tree)	Cost of Production (Nu/kg)
1	Apple	131,020	110	5370	30	24.40
2	Pear	130,125	110	9845	55	13.22
3	Peach	135,050	110	6265	35	21.56
4	Papaya	120,675	460	10235	23	11.79
5	Banana	124,175	460	6230	14	19.93
6	Mandarin	130,110	110	3401	19	38.26
7	Persimmon	136,390	110	6981	39	19.54
8	Avocado	139,920	110	4100	37	34.13
9	Mango	131,325	110	2016	32	65.14
10	Plum	135,060	110	8950	44	15.09
11	Guava	121,200	110	4000	25	30.30
12	Litchi	117,780	200	1701	27	69.24
13	Passion fruit	275,250	225	6750	10	40.78
14	Pomegranate	126,000	110	4500	18	28
15	Jackfruit	115,950	110	7240	181	16.02
16	Walnut	140,120	110	2800	25	50.04

17	Kiwi	294,700	110	4480	50	65.78
18	Pineapple	18,360	8000	360 nos.		51.00 (per no.)
19	Hazelnut	32,779	450	1800	5	20.9
20	Coffee	33914	450	1215	3	54.9
23	Areca nut		450		12	

Table 8. Cost of production - seed (As per National Seed Center's rates)

Sl. No.	Crop	Expenditure (Nu/acre)	Yield (Kg/acre)	Cost of Production (Nu/kg)
1	Maize	32897	1000	32.90
2	Rice	60045	1600	38
3	Wheat	23755	800	29.69
4	Oilseed (Mustard)	19,297	300	64
5	Potato	102,530	5000	20.51
6	Cabbage	111,569	95	1,174
7	Chili	59,541	50	1190

Table 9. Cost of production -seedling (As per National Seed Center's rates)

Sl. No.	Crop	Expenditure (Nu/acre)	Yield (No/acre)	Cost of Production (Nu/seedling)
1	Cardamom (sucker)	129,819	22500	6.74
2	Citrus seedling	150,255	7000	29.71
3	Citrus grafts	323,886	6300	73.44
4	Passion fruit	65,850	7000	11
5	Mango grafts	118,163	10000	63
6	Mango inarching	113,367	10000	38
7	Litchi	239,457	10000	48
8	Guava	279,441	10000	35
9	Avocado	172,611	3000	112
10	Pomegranate	102,975	10000	25
11	Pineapple	20,140	1000	29
12	Jackfruit	31,396	3000	13
13	Papaya	27,965	3000	13

14	Areca nut	56,828	1800	32
15	Banana	33,699	1500	22
16	Cardamom (seedling multiplication)	30,610	3000	10.2
17	Cardamom (seed propagation)	42,159	1900	11.09
18	Peach	49,847	1000	74
19	Chestnut	30,573	1000	42
20	Pear	48,427	1000	63
21	Persimmon	40,275	1000	90
22	Walnut	60,049	1000	150

The cost of production is derived from Cost of production of field crops and horticultural crops grown in Bhutan, Department of Agriculture, MoAF, Thimphu, 2017.

LIVESTOCK INSURANCE

Raising Livestock and poultry can be unpredictable and risky. That's why a solid and affordable livestock or poultry insurance is a necessity to cover the risks associated with such practice.

The various insurance products under the livestock insurance protect a farmers' investment from unexpected events and accidents that can decimate his animals and his livelihood. The insurance policies are customized to cover the farm animals or specialized animals such as cattle, poultry, piggery, fishery, sheep/goat, rabbit and honeybee insurance.

Cattle Insurance

The scope of cover: The Scheme provides rates, terms, and conditions to underwrite the cattle, horse, buffalo and yak Insurance. All Indigenous, Cross-bred and Exotic animals will be covered under this Scheme.

Insurance Coverage:

- 1) Disease (inclusive of Rinderpest, Rabies, Black Quarter, Hemorrhagic Septicemia, Anthrax, Food and Mouth Disease (FMD), Theileriosis, Babesiosis and other emerging infectious and contagious diseases certified by a veterinarian) contracted or occurring during the period of this policy.
- 2) Accident (inclusive of fire, lightning, flood, storm, earthquake).
- 3) Surgical operations occurring during the period of Insurance and carried out by qualified veterinary surgeons.

Extension of Coverage:

- 1) The policy can be extended to cover Permanent Total Disability (PTD) on payment of additional premium which results in:
 - Total incapacity to conceive or yield milk.
 - Total incapacity for breeding purpose (in case of stud bulls)
 - Total incapacity for the purpose of use mentioned in the proposal form (in case of Bullocks, etc.)
- 2) The policy can also be extended to cover loss due to wildlife on payment of an additional premium.

(Condition: For loss due to wildlife to be payable, the loss should happen within the village premium)

Valuation and Sum Insured:

- a) The market value of cattle, buffalo, horse, and yak varies from breed to breed, from area to area and from time to time. The examining Veterinarians recommendations shall be considered as the proper guide for acceptance of insurance as well as for settlement of claims.
- b) Sum Insured will not exceed 100% of market value.

Insurable Age of the cattle: 6 months to 12 years

Premium Rate for standard Cover: Rate for the animals will be charged at 10% of SI per annum.

Premium Rates for Extension of cover: For additional coverage, a loading on premium will be imposed as shown below:

Permanent Total Disablement	1.5% Loading on the Standard Premium
Wildlife Cover	2% Loading on the Standard Premium

Group Discount: If an individual or a cooperative have more than 4 animals, he will be eligible for a group discount as per the schedule given below:

No. of Animals	Rate of Discount
5-10	2.5%
11-15	5%
16-25	7.5%
26-50	10%
51-100	12.5%

Identification of Animals:

- 1) All insured animals should be suitably identified by natural identification marks and color should be clearly noted on the proposal form and Veterinarian’s report
- 2) Ear tags made of suitable materials are applied to the ear of the animals and the code number is entered into the veterinary health certificate
- 3) Photographs of animals may be insisted in case of high-value animals

Documents Required for Insurance:

- 1) Duly completed proposal form by the proposer
- 2) Loan sanction letter from the banks
- 3) Valuation report from a qualified veterinarian
- 4) Veterinary Health Certificate as to the health of the animal and the identification marks of the animal
- 5) Photographs of the animal/animals proposed for insurance if possible.

Claim Procedure and Documents required for death claim: The insured shall be required to furnish the following for or in support of a claim under the policy:

- 1) Duly completed claim form
- 2) Copy of certificate of insurance
- 3) Veterinary Certificate of Loss and a written Post-Mortem Report from a qualified veterinary surgeon must be provided along with the Insurance Company's Officer Report.
- 4) Surrender the ear tag of the animal.
- 5) Any other document as may be required by the company.

Claim Procedure and Documents required for PTD claim:

- 1) A certificate from the qualified veterinarian to be obtained.
- 2) The animal will be inspected by the company's Officer.
- 3) A complete chart of treatment, medicines used, receipts, etc., should be submitted.
- 4) Admissibility of claim will be considered after two months of Veterinary Doctor/ Company Officer's report.

Limit of Indemnity under a PTD Claim:

- 1) The indemnity is limited to 70% of the sum insured in case of draught (used for drawing a cart, carry loads and to plow fields) animals.
- 2) The indemnity is limited to 50% of sum insured in case of milch animals.
- 3) The indemnity is limited to maximum 75% in case of all animals other than those mentioned under the schedule.

Fishery Insurance

The scope of Cover: The policy covers only total loss of Fry/Fingerlings/Fish due to an accident or disease.

Types of Fishes covered: all warm water fish breeds including Carps and Prawn/shrimps, all cold water fish breeds including Trout.

Risk Coverage:

- 1) Summer kill
- 2) Pollution
- 3) Poisoning
- 4) Riot and Strike
- 5) Malicious acts of Third Parties
- 6) Earthquake
- 7) Explosion/Implosion
- 8) Storm, Tempest, Cyclone , Typhoon, Hurricane, Tornado, Flood, Inundation, Volcanic eruption and/or other convulsions of nature
- 9) Aircraft and other aerial devices or articles dropped therefrom, Impact with any road vehicles and animals

Sum Insured: valuation of Sum Insured shall be based on the market value of Fry/Fingerlings/Fish.

Premium: The premium shall be charged at the rate of 6.5%.

Documents Required for Insurance:

- 1) Duly completed proposal form by the proposer
- 2) Loan sanction letter from the banks
- 3) Fishery location sketch plan
- 4) Fisheries farm plan and budget
- 5) Valuation report from an Authorized Officer.

Documents required for a claim:

- 1) Duly completed claim form indicating the cause of loss, the date of loss.
- 2) Loss assessment report by an authorized officer.

3) Any other documents as required by the insurance company.

Salvage: 20% of the claim amount as per the valuation payable at the time of the death of fish shall be deducted as salvage. Exceptions to this provision are:

- a) When is it not possible to realize salvage
- b) Destruction of salvage fish due to this being declared unfit for human consumption.

Honey Bee Insurance

The scope of Cover: The policy will cover all accidental losses or damages to the beehive and/or colony, including damages by wild animals and pest and diseases. Theft risk can be covered by payment of additional premium.

Sum Insured: Value for (a) cost of the hive and (b) cost of bee colony shall be taken as the sum insured.

Premium: The premium shall be charged at the rate of 3% and if theft is covered, an additional loading of 5% shall be applied.

Identification: The respective boxes should be identified with the company code and number.

Documents required for Insurance:

- 1) Duly completed proposal form by the proposer
- 2) Loan sanction letter from the banks
- 3) Valuation report from an Authorized Officer.

Documents required for a Claim: In the event of a claim, immediate intimation should be sent to the Insurers and the following requirements should be furnished:

- 1) Claim Form filled by the Insured indicating the cause of loss and the date of loss
- 2) Identification number/tag
- 3) Photographs of the damaged hives
- 4) Any other Document relevant to substantiate loss.
- 5) Assessment of loss shall be as per certificate issued by an authorized officer.

Liability: 80% of the claim amount and 20% deductible which will be borne by the insured.

Poultry Insurance

The scope of Cover: The Policy shall provide indemnity against the death of birds (Broiler and Layer birds both indigenous and exotic birds) due to the accident (including fire, lightning, flood, cyclone/ storm/ tempest/ earthquake, strike, riot, the act of terrorism) or diseases contracted or occurring during the period of insurance subject to the exclusions.

Sum Insured and Valuation: Sum Insured under the policy will be the Market value of the animal or as provided by the concerned authority, whichever is lower. The market value varies from breed to breed, area to area and from time to time. Therefore, the Examining Veterinarian's recommendation shall be considered proper guide to acceptance of insurance/settlement of claims. Further, the sum insured under the policy should be revalued during the renewal of the policy.

Premium: The premium for each bird is calculated at 10% of SI.

Insurable Age Group: The scheme is available for insuring birds consisting of the broiler, layers, hatchery birds and turkey from 1 day to 82 weeks of age.

Documents required for Insurance

- a) Proposal Form
- b) Loan sanction letter from the banks
- c) Veterinary Health Certificate from a qualified Veterinarian indicating the following:
 - ✓ Type of birds,
 - ✓ age of the birds,
 - ✓ Details regarding housing, lighting, ventilation, temperature, insulation, floor, feed, water, sanitation, etc.
 - ✓ Vaccination and inoculation particulars
 - ✓ Debeaking
 - ✓ Condition of health
 - ✓ Type of source of feed
 - ✓ Details of equipment

Conditions:

- 1) All birds on the farm should be covered.
- 2) The farm should follow standard package of practices, vaccination schedule, deworming, debeaking.
- 3) The farm should maintain essential records as per insurer's specifications.

Documents required for claim

In the event of the death of birds, immediate intimation should be given to the Company and the Insurer should be supplied with the following documents and required information:

- 1) Duly completed claim form.
- 2) Veterinarian's post-mortem report.
- 3) Daily records of mortality and feeding.
- 4) Purchase invoices for the birds.
- 5) Treatment certificate.
- 6) Any other documents to substantiate the loss like photographs, medical bills, etc. as and when required.

Claim Payment: The policy is characterized by excess and the final indemnity is restricted to 80% of the loss (60% in case of Gumboro).

Rabbit Insurance

The scope of Cover: Death of rabbits due to the accident and/or diseases contracted during the period of insurance.

Insurable Age Group: 3 months to 3 years

Identification: Ear Tagging/Tattooing.

Valuation and Sum Insured: Valuation should be done a qualified Veterinarian Surgeon/livestock officer at the time of proposing for insurance. The Sum Insured will be 100% of the market value.

Premium Rate: 7% on the Sum Insured.

Documents required for Insurance:

- 1) Completed proposal form
- 2) Loan sanction letter from the bank.
- 3) A veterinary examination report showing the following details is necessary for acceptance of risk: -
 - ✓ Type of rabbits (pure/hybrid etc.)
 - ✓ Source of origin of the rabbit (imported or locally purchased)
 - ✓ Vaccination particulars
 - ✓ Condition of health

Note: Fresh veterinary examination is not necessary in case of renewal provided the renewal is made on or before the expiry date of the policy

Documents required for Insurance: In the event of death, the following should be submitted.

- a) Duly completed claim form by the claimant.
- b) Death and Post Mortem Report by the Veterinary Doctor
- c) Intact Ear-tag with the Ear
- d) Photographs of the Dead animal with Ear-tag
- e) Any other Document relevant to substantiate loss

Claim Payment: The insured is to be compensated on 70% indemnity basis.

Sheep and Goat Insurance

The scope of Cover: All Indigenous, Cross-bred and Exotic Sheep and Goat will be covered under this Scheme.

Insurance Coverage: The policy shall provide indemnity against the death of sheep and goats due to the accident including Fire, Lightning, Flood, Cyclone, Famine, Earthquake, Landslide, Strike, Riot or diseases contracted or occurring during the period of insurance.

Insurable Age: 4 months to 7 Years

Valuation and sum insured:

- a) The market value of sheep and goats varies from breed to breed, from area to area and from time to time. The examining Veterinarians recommendations shall be considered as the proper guide for acceptance of insurance as well as for settlement of claims.

b) Sum Insured will not exceed 100% of market value.

Premium rates:

Indigenous animals	4% gross per annum
For Cross-bred animals	5% gross per annum
For Exotic animals	6% gross per annum

Group discounts:

No. of Animals	Rate of Discount
5-10	2.5%
11-15	5%
16-25	7.5%
26-50	10%
51-100	12.5%
101-500	15%

Identification of animals: All Insured animals should be suitably identified by metal ear tagging and/or tattooing method. Natural identification marks should be clearly noted in the proposal and veterinary health certificate.

Documents required for insurance:

- 1) Proposal form
- 2) Loan sanction letter from the bank

A veterinarian's examination report indicating the market value, age, identification marks, health of the animal and vaccination status. A fresh Veterinary examination is not necessary if renewal is effected in time.

Documents required for a claim: In the event of the death of animal immediate intimation should be given to the Company and the insured should furnish the following documents and required information.

- 1) Duly Completed Claim Form
- 2) Death Certificate from a qualified Veterinarian.
- 3) Post Mortem Examination report from a qualified veterinarian.
- 4) Surrender ear tag

Salvage: No salvage value will be deducted from claims.

Pig Insurance

The scope of cover: The policy covers the indigenous, exotic or cross-bred pigs.

Insurance Coverage: Accident (inclusive of fire, lightning, flood, landslide, rockslide, inundation, storm, earthquake, tempest and famine) and diseases contracted or occurring during the period of the policy. It also covers death due to surgical operations occurring during the period of Insurance and carried out by qualified veterinary surgeons.

Insurable Age: 4 months to 6 years

Identification of animals: Ear Tagging/Tattooing/ear-notching

Sum Insured: The Sum Insured will be the market value of the animal determined by the examining veterinarian and it is subjected to revaluation during every renewal as the market value varies from breed to breed, area to area and from time to time.

Premium payable: Premium shall be charged at the rate of **5%** on the sum insured.

Documents Required for Insurance:

- 1) Duly completed proposal form by the proposer
- 2) Loan sanction letter from the banks
- 3) Valuation report from a qualified veterinarian
- 4) Veterinary Health Certificate as to the health of the animal and the identification marks of the animal
- 5) Photographs of the animal/animals proposed for insurance if possible.

Claim Procedure and Documents a claim: The insured shall be required to furnish the following for or in support of a claim under the policy:

- 1) Duly completed claim form
- 2) Veterinary Certificate of Loss and a written Post-Mortem Report from a qualified veterinary surgeon.
- 3) Surrender the ear tag of the animal.
- 4) Photographs of the Dead animal with Ear-tag
- 5) Any other document as may be required by the company.

STANDARD OPERATING PROCEDURES

Crop Insurance: Premium Collection Procedure

- 1) The RICB shall make available all the details of the premium rates for different projects/crops and land sizes to the Financial Institutions (Banks) along with the necessary documents.
- 2) The Bank shall calculate the annual insurance premium based on the premium rates made available by RICB considering the land size and the crops contained in the clearance issued by the Dzongkhag.
- 3) The Financing Bank shall remit the premium amount to the nearest RICB Office.
- 4) On receipt of the premium from the financing bank along with the necessary documents, the policy shall be underwritten.
- 5) On expiry of the policy period, the financing bank shall renew the insurance policy depending on the nature of project/crops. RICB shall send the renewal notice to the Banks.
- 6) The insurance documents shall be provided to the Banks with a copy to the Dzongkhag on behalf of the farmer.

Crop Insurance: Claim Settlement Procedure

- 1) In the event of natural calamities or the insured perils affecting the insured projects/crops, the farmer can lodge a verbal or a written claim intimation within 24 hours to any one of the following offices:
 - a) The nearest RICB Office
 - b) The Gewog Agriculture Office
 - c) The Dzongkhag Agriculture Office
 - d) The Local Government Office
- 2) Anyone of the above Offices receiving the claim intimation shall initiate a joint inspection for assessing the loss suffered by the farmer through the insured perils.
- 3) The following officials shall comprise a Joint Committee for assessing the loss:
 - a) The RICB Official
 - b) The GAO/DAO
 - c) The Gewog Tshogpa/Mangap/Gup/Gewog Administrative Officer
 - d) The farmer

- 4) The Joint Committee upon completion of the loss assessment shall fill up the claim form in all respects recommending the amount to be compensated to the farmer. The claim form needs to be signed by all the committee members.
- 5) Upon assessing the loss, the duly completed form shall be handed over to the RICB official who will forward the same to the Head Office of the RICB for processing the claim.
- 6) RICB Head Office after processing the claim shall release the amount in favor of the financing bank on behalf of the farmer.
- 7) The financing bank shall acknowledge receipt of the amount to the RICB Head office on behalf of the farmer.

Livestock Insurance: Premium Collection Procedure

- 1) The RICB shall make available all the details of the premium rates for different types of livestock to the Financial Institutions (Banks) along with necessary documents.
- 2) The Bank shall calculate the annual insurance premium based on the premium rates made available by RICB considering the value of livestock as per the clearance from the Dzongkhag.
- 3) The Financing Bank shall remit the premium amount to the nearest RICB Office.
- 4) On receipt of the premium from the financing bank along with the necessary documents, the policy shall be underwritten.
- 5) On expiry of the policy period, the financing bank shall renew the same depending on the nature of their requirements.

Livestock Insurance: Claim Settlement Procedure

- 1) In the event of natural calamities or the insured perils affecting the insured livestock, the farmer can lodge a verbal or a written claim intimation within 24 hours after the death of the livestock to any of the following offices:
 - a) The nearest RICB Office
 - b) The Gewog Livestock Office
 - c) The Dzongkhag Livestock Office
 - d) The local Government Office

- 2) Anyone of the above offices receiving the claim intimation shall initiate a joint inspection for assessing the loss suffered by the farmer from the death of the livestock through the insured perils.
- 3) The following officials shall comprise a Joint Committee for assessing the loss:
 - a) The RICB Official
 - b) The Veterinary Official of the Geog/Dzongkhag
 - c) The Geog Tshogpa/Mangap/Gup/Gewog Administrative Officer
 - d) The farmer
- 4) The Veterinary Officer shall be authorized to conduct Post Mortem examination.
- 5) The Post Mortem examination shall be carried out by the VO/PVO and prepare a report in the presence of the Joint Committee Members.
- 6) The Joint Committee shall compile the pictorial evidence and the Post Mortem report as a proof of the claim and hand it over to the RICB official.
- 7) In the event the animal has died of natural calamities/disease that does not pose any threat to human health, then the carcass shall be declared suitable for consumption by VO.
- 8) The salvage value determined by the Joint Committee shall be deducted from the claim amount for the animal.
- 9) In the event of an animal dying from the diseases that pose threat to human health shall be deeply buried or burnt in the designated location based on the recommendation of the VO and approval of the Joint Committee.
- 10) The Claim form shall be duly filled and signed by the livestock owner and endorsed by the Joint Committee recommending the claim amount for compensation.
- 11) All the relevant documents, like post-mortem report, pictorial evidence and the claim form endorsed by the Joint Committee shall be handed over to the official of the RICB.
- 12) The RICB official shall forward all such documents to the Head Office of the RICB for processing the claim.
- 13) The RICB after processing the claim shall release the amount in favor of the financing bank on behalf of the livestock owner.
- 14) The financing bank shall acknowledge receipt of the amount to the RICB Head office on behalf of the farmer.

PROPOSAL FORMS

Crop Insurance proposal form

Name of the proposer	
Address with Phone No. if any	
Account number, Name & Address of the Bank (from which loan is availed)	
Crop and Variety Cultivated	
Total Area under cultivation (in Acres)	
Details of area where the crop is grown and proposed for insurance (Village, Thram no. etc.)	
Expected date of planting:	
Plant Spacing & Plant Population per Acre	
Duration of crop:	
Expected date of harvesting:	
Coverage	
Sum Insured per Acre (Nu.)	
Premium per Acre (Nu.)	
No. of Acres	
Total Premium (Nu.)	

DECLARATION

I/We hereby declare that all the information furnished by me/us in this proposal form are true and correct to the best of our knowledge and belief. I/We agree that the Policy shall become voidable at the option of RICB, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the

proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy. I/We, authorize the concerned Bank/financial institution to deduct requisite premium towards insurance and remit the same to RICB.

Signed at..... this.....day of.....

(Signature of the Proposer)

Verified by: The Dzongkhag/Gewog Agricultural Officer

Signature:

Name and Place:

Cattle Insurance Proposal Form

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 the animal :
2. Date of when the animal is brought to stabling :

3. Details of Veterinary Services Available : YES NO

4. Period of Insurance : From..... To

5. Name of the Bank which financed the cattle:

The 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.....

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 :

Fish Insurance Proposal Form

1. Details of the Proposer

a) Name of the Proposer in full :

b) Address :

c) Occupation :

d) Citizenship ID no :

2. Period of Insurance : From..... To

3. Name and location of the Project :

a) Description of Project (Whether pond, lake or tank):

4. No. of ponds/tanks & their water spread area:

5. Whether the project is owned by the proposer or taken on lease or hire purchase lease from the Government or Local Body or other sources:

6. Details of bank interest or any hypothecation :

7. Whether the water movement in the project is controlled by suitable inlets, outlets and sluices? (Pl. describe the inlets & outlets)

8. Species of Fish to be reared and number of fish/fingerling and its cost.

Pond No.	Species No.	Cost	Present Weight
1			
2			
3			
4			
5			
Total			

a) Date of Stocking :

b) Source of supply of seed :

9. Are the Fish / Fingerlings Free from disease :
Defect, parasitical attacks and epidemics

10. How long the Proposer is in the fish farming :

11. Full details of technical advice, assistance
and the control provided. :

12. Is it a flood prone area? If so give details:

13. The Maximum Sum insured for the fish pond :

14. The insurance cover sought is for fry to fingerlings
or breeders or fish in stock ponds please specify:

I/We declare that the above statements and answers are true and correct and that the no material facts have been withheld, misstated or misrepresented and that effective regular liming manuring and feeding are Provided and I / We agree this proposal and declaration should be the basis of this contract between me/us and The Royal Insurance Corporation of Bhutan Limited whose standard policy for the Insurance proposed is acceptable to me/us.

Place:

Date:

Signature of the Proposer

Declaration by the Fishery Expert/Authorized Dzongkhag Officer

I / We have gone through the answers given in the Proposal and confirm the correctness of the answers. I / We also declare that the Fish/Fingerlings are free from any disease, defect and parasitical attacks and the

project area is free from epidemics and the chemical conditions of the soil and the physical and chemical conditions of water do not harm the crop.

I also recommend the acceptance of this proposal.

Place:

Date:

Signature of the Fishery Officer

Name:

Address:

Honey Bee Insurance Proposal Form

1. a) Name of the proposer in full
b) Address
c) Occupation

2. Period of Insurance: From To.....

3. Name and location of the project:

4. Name of the financing institution :

5. Sum Insured:

6. Identification Numbers of the Hives:

7. Number of Hives:

8. Value per Hive:

9. Honey per Hive:

10. Do you like to take theft cover for an additional premium? (loading of 5% on the premium of the the standard rate of 3%): Yes/No

11. Please describe your location including lot size
Add information about the location where you would like to keep bees, including lot size, nearby conservation land if applicable, nearby water sources, gardens, wetlands etc.

I/We declare that the above statements and answers are true and correct and that the no material facts have been withheld, misstated or misrepresented. I / We agree this proposal and declaration should be the basis of this contract between me/us and The Royal Insurance Corporation of Bhutan Limited whose standard policy for the Insurance proposed is acceptable to me/us.

Place:

Date:

Signature

Declaration by the Honeybee expert/Authorized Dzongkhag Officer

I / We have gone through the answers given in the Proposal and confirm the correctness of the answers. I / We also declare that the Honeybee Hives are free from any disease, defect and parasitical attacks.

I also recommend the acceptance of this proposal.

Place:

Date:

Signature of the Examining Officer

Name & Address:

Poultry Insurance Proposal Form

(This proposal must be accompanied by a Certificate given by a qualified Veterinary Surgeon)

1. Name and address of the Poultry Farm:
2. Name and address of the Bank:
3. Name and address of the owner/s:
4. Period of Insurance: From_____ and To_____
5. Type of Birds: Broilers/Layers/ Parent Stock

Description of the Birds to be insured

Age	Date of Hatch	Date of Purchase	No. Of birds purchased	Total No. of birds in the unit	Breed	Source of Purchase	Sum Insured	Premium

--	--	--	--	--	--	--	--	--

6. Is a qualified Vet. Surgeon employed to look after the farm: YES/NO

7. If yes, please give his:

a) Name: _____

b) Qualification: _____

c) Address _____

d) Is he residing at the farm 24 hours?

8. If qualified Vet. Not employed then on whose services you depend upon (gewog Livestock extension agent): _____

9. Details of other Technical persons residing at the farm premises
Name: _____

Qualification: _____

Job Description: _____

10. Are the diagnostic equipment/agents maintained at the farm? _____

11. Do you stock essential medicines at the farm? _____

12. Do you manufacture your own feed or get it from the market: _____

13. Is the owner/partner/associate experienced in poultry farming?
Or have undergone any training: _____

14. Details of vaccination conducted during last six months:

Unit of No.	Date of Vaccination	Age of Birds	Disease against which vaccinated	Batch No. & Mfg. date	Name of Vaccine

15. Has there been any epidemic outbreak during last 3 years? If so, give details:

16. Do you maintain the following records?

- a) Flock record on day to day basis: YES/NO
- b) Mortality record: YES/NO
- c) Culling: YES/NO
- d) Vaccination and medication particulars: YES/NO
- e) Feed Consumption: YES/NO
- f) Production: YES/NO
- g) Beak Trimming: YES/NO
- h) Incidence of diseases: YES/NO
- i) Purchase and sales: YES/NO

17. Since when the farm was established?

DECLARATION

I hereby declare that the foregoing statements are true to the best of my/our knowledge and that we have disclosed all the particulars affecting the assessment of the risk. I agree that this proposal shall be the basis of the contract between me and the corporation, and I agree to notify the Corporation of any material alteration and to accept a policy subject to the terms, exceptions and conditions prescribed by the Corporation.

Date: _____

Signature of the Proposer _____

Place: _____

POULTRY INSURANCE FITNESS CERTIFICATE

- 1. Name and address of the poultry farm:
- 2. Name and address of the owner/owners:
- 3. Types of birds: broilers/layers/hatchery
- 4. Date of examination:

I certify that onI have inspected the above farm and examined the birds the details of which are as under:

DESCRIPTION OF THE BIRDS EXAMINED

Unit No.	Total No. of birds in the unit on the date of examination	Breed/species	Date of hatch of birds in the unit	Age in weeks at the examination

- 5. The health of Birds?
- 6. The system of Housing of birds?
 - a) In grower/broiler house
 - b) In layer house
- 7. Whether housing, light, ventilation, temperature, insulation, floors, feeders, sanitation, food are up to standard requirement.
- 8. Details of technical equipment maintained at the farm:
- 9. Details of vaccination conducted during the last 6 months:

Unit No.	Date of Vaccination	Age of birds at vaccination	Disease against which vaccination	Trade name of vaccine	Name of vaccine	Batch No.	Vaccination done by

10. Details of debeaking Unit No. Date of debeaking

11. Details of deworming Unit No. Date of debeaking

12. Any disease presently prevalent in the vicinity.

13. The general opinion about overall management.
14. Mention the type of records kept by the proposer
15. Details of mortality percentage during last three years
16. Any information you would like the company to know?
17. Is the risk normal?
18. Do you recommend the company to accept the risk?

DECLARATION BY THE VETERINARY SURGEON/ AUTHORIZED OFFICER

I certify that the foregoing statements are true to the best of my knowledge and belief and that the birds are healthy and free from any disease and that there is no contagious or infectious disease prevalent in the farm of its vicinity.

Place:

Signature of the Veterinary Surgeon

Date:

Name:

Qualification:

Rabbit Insurance Proposal Form

(This proposal must be accompanied by a Certificate given by a qualified Veterinary Surgeon)

1. Name of the Insured or the insured farm:
2. Address:
3. Name of the financing bank:
4. Period of Insurance:
5. Details of the insured rabbits:

Age	Color	Sex	Breed	Identification No.	Purchase Details				Sum Insured	Premium
					Date	Age	Source	Value		

6. The purpose for which reared:
7. Housing
 - a) Type of housing:
 - b) Type of rearing: cage/ ground
8. No. of feeders:
 - a) No. of feeders:
 - b) No. of waterers:
 - c) Other equipment:

DECLARATION

I hereby declare that the foregoing statements are true to the best of my/our knowledge and that we have disclosed all the particulars affecting the assessment of the risk. I agree that this proposal shall be the basis of the contract between me and the corporation, and I agree to notify the Corporation of any material alteration and to accept a policy subject to the terms, exceptions and conditions prescribed by the Corporation.

Signature of the proposer

Note:

The sum insured should include the maximum value of all the rabbits including the additions made during the currency of the policy.

RABBIT INSURANCE VETERINARY CERTIFICATE

1. Name and address of the rabbit farm:

2. Name and address of the owner/owners:

3. Types of rabbit:

4. Date of examination:

I certify that onI have inspected the above farm and examined the rabbits the details of which are as under:

DESCRIPTION OF THE BIRDS EXAMINED

Total No. of rabbits in the farm on the date of examination	Breed/species	Age in weeks at the examination

5. The health of the rabbits?

6. Details of vaccination conducted during the last 6 months:

Date of Vaccination	Age of rabbits at vaccination	Disease against which vaccination	Name of vaccine	Batch No.	Vaccination done by

7. Any disease presently prevalent in the vicinity.

8. The general opinion about overall management.

9. Mention the type of records kept by the proposer

10. Is the risk normal?

11. Do you recommend the company to accept the risk?

DECLARATION BY THE VETERINARY SURGEON/ AUTHORIZED OFFICER

I certify that the foregoing statements are true to the best of my knowledge and belief and that the rabbits are healthy and free from any disease and that there is no contagious or infectious disease prevalent in the farm of its vicinity.

Place:

Signature of the Veterinary Surgeon

Date:

Name:

Qualification:

Sheep and Goat Insurance Proposal Form

(This proposal must be accompanied by a Certificate given by a qualified Veterinary Surgeon)

1. Name of the proposer(s):
2. Address:
3. Occupation
4. Required Period of Insurance: from..... And To
5. Name of the financing bank:
6. Give the following particulars in full, of each animal proposed for Insurance

Age	Animal's Identification Tag No.	Species and Breed	Sex, Color and full distinguishing mark	Height	Purchase Date	Sum Insured or the Market value

7. Purpose or reason for rearing the animals:
8. Location of the farm or place where the animal/s is/are located?

9. Type of shed or particulars/construction of shed:

10. Is/are the animals in the shed are sound and healthy and free from vice?

If no, state the reason for defects:

11. Veterinary Services ;

a) Distance from Veterinary Dispensary

b) Details of veterinary checkup that insured animals get as part of routine Veterinary Attention.

12. Have any of the animals proposed for insurance been incapacitated through injury/ies during the past 12 months? If so, give particulars and state whether a Veterinary Surgeon was in attendance.

13. a) In total how many other animals do you own?

b) Are they insured and where?

c) If not, why are they not proposed for insurance now?

d) Were they insured previously and if so where?

DECLARATION

I hereby declare that the foregoing statements are true to the best of my/our knowledge and that we have disclosed all the particulars affecting the assessment of the risk. I agree that this proposal shall be the basis of the contract between me and the corporation, and I agree to notify the Corporation of any material alteration and to accept a policy subject to the terms, exceptions and conditions prescribed by the Corporation.

Signature of the Proposer

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:

Pig Insurance Proposal Form

Name of proposer :
Postal Address :
Contact No. :
Description of animals proposed for Insurance:
Policy Period:To.....

1. Have any of your animals ever suffered any illness, disease or injury?	<input type="text" value="Yes / No"/>
2. Do you have any other livestock of the same class proposed which are not to be insured?	<input type="text" value="Yes / No"/>
3. Have you been previously insured against any of the risks proposed?	<input type="text" value="Yes / No"/>
4. Has any insurer ever:	
a. Declined a proposal, refused renewal or terminated insurance?	<input type="text" value="Yes / No"/>
b. Required an increased premium or imposed special conditions?	<input type="text" value="Yes / No"/>
5. Have you had any losses in respect of the risks proposed in the last three years?	<input type="text" value="Yes / No"/>
IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES PLEASE GIVE FULL DETAILS BELOW	
6. Are all your animals sound, healthy and free from defects?	<input type="text" value="Yes / No"/>
IF THE ANSWER TO THE ABOVE IS NO PLEASE GIVE FULL DETAILS BELOW	

NOTE - Please complete fully all the details in respect of each Section for which you require Cover. Refer to policy wording for full conditions.

DESCRIPTION OF LIVESTOCK TO BE INSURED:

Type/Breed	Date of Birth	Tag No.	Use	Sex	Color	Value/ Sum Insured

QUESTIONNAIRE / LIVESTOCK INFORMATION

1. Location of Animal (s):

2. Is the location that the Animal(s) are kept at under constant supervision?

3. Have any of your Animal(s) been imported?

If yes, when and where were they imported from?

.....

4. How long have the Animal(s) been in your possession or care?

.....

5. Have any of the Animal(s) proposed suffered from any illnesses, injuries or disease in the past 12 months?

If yes, please provide details:

.....

6. Are the Animal(s) in sound health?

If no, please provide details:

.....

7. Has the Animal(s) undergone any surgery?

If yes, please provide details, dates and confirm whether the Animal(s) have made a full recovery:

.....

8. Has there been any evidence of contagious or infectious disease at the location where the Animal(s) are kept in the past 36 months?

If yes, give details, dates and confirm whether the location is now free from disease:

9. To your knowledge, are there any contagious or infectious diseases on the premises now? If yes, please provide details:

10. Have you ever sustained a loss of animal in the past 38 months? If yes, please provide details:

11. Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?
 If yes, please provide details: Yes / No

DECLARATION BY THE PROPOSER

I/We hereby acknowledge that my/our duty of disclosure has been brought to my/our notice as per the disclosure notice printed with this Proposal Form

I/We declare that the Animal/s proposed for this insurance is/are in good health and is/are free from injury, disability, abnormality or illness and that I/We have not withheld any information likely to affect acceptance of this insurance.

I/We hereby acknowledge that no insurance is in force until any Veterinary Certificates requested have been accepted by Insurance Company.

I/We agree that this application and declaration shall be the basis of the insurers' certificate and will be subject to the terms, conditions, exclusions and endorsements contained therein.

I/We also declare that the information provided in this Proposal Form by me/us is correct in every particular.

Signature/thumbprint: _____ Date: ____/____/____

No Insurance is in force until this proposal and any Veterinary Certificate has been received and accepted by the insurer.

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:

CLAIM FORMS

Crop Insurance Claim Forms

(The issue of this form is not to be taken as an admission of liability. Please answer all the questions carefully)

Particulars of the Insured	
Name of the Insured Farmer	
Address for Communication	
Mobile Number	

Particulars of Crop Insurance

Scheme	PSL Crop Insurance	Crop Season		Crop Year	
If insured through a bank branch: 1.Loanee <input type="checkbox"/> 2. Non-Loanee <input type="checkbox"/> (Tick as appropriate)					
a) Account No.		b) Name of the bank and Branch			
c) Amount of Premium		d) Date of premium deduction/receipt			

Please mention the date of occurrence of the cause of loss

Cause of Loss	Date of Occurrence
rainfall	
Storm/tempest	
flood	
inundation	
drought	
hailstone	
Pest and diseases	
Forest fire	
Wild animals	
Land slide/rockslide/subsidence	
Post-harvest	

Address of the farm where losses occurred			
Thram No.	Village	Gewog	Dzongkhag

Date of Harvest (for Post-Harvest Loss)	
---	--

Details of the insured crop where losses occurred

Crop	Area Sown (in acres)	Area Insured (in acres)	Stage of the crop when damaged.	Approximate area affected (in acres)	Approximate loss percentage (in acres)

--	--	--	--	--	--

The claim shall be assessed based on the growth stages of the crops as provided below:

Sl. No.	Crop	Crop stage	Claim in %
1	Paddy - Transplanted	Nursery-sowing to before transplanting	50
		Rest of the stages after transplanting	100
2	Paddy direct seeded	Sowing to germination (2-3 leaf stage)	50
		Rest of the stage	100
3	Vegetables-transplanted	Nursery-sowing to before germination	50
		Rest of the stage	100
4	Vegetables-Directly sown	Sowing to germination (2-3 leaf stage)	50
		Rest of the stage	100
5	Fruits	Planting to fruit-bearing stage (0-4 years)	50
		First harvest to rest of the stage (> 4 years)	100
6	Mushroom-wood log	Covered from inoculation till harvest	100
		Franchise limit 30% for pest and diseases and for the rest 5% shall apply	
7	Mushroom-saw dust	To assess as per the number of logs damaged	100
8	Mushroom-straw	To assess as per the number of logs damaged	100
9	Mushroom-spawn production (grain)	To assessed as per the number of bottles damaged	100
10	Mushroom-spawn production (sawdust)	To assess as per the number of bottles damaged	100
11	Nursery (fruit and nuts, MAPS, vegetables, floriculture & vegetable seed production)	Seeding to seedling stage	100
12	All other crops	Seedling till germination (2-3 leaf stage)	50
		Rest of the stage	100

Details of the Claim Assessment

1. Cost of Crop Nu.	
2. Less salvage, if any	
3. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu. /- (Nu. (In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....

The claim assessed by:

RICB Official
Seal and sign

Geog Agriculture Officer/Dzongkhag Agriculture Officer
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owner's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.

Cattle Insurance Claim Form

(The issue or acceptance of this form is not to be construed as admission of liability on the part of the Company)

1. Insured Details

Name of the Insured/Insureds	
Address of the Insured	

2. Details of the cattle in respect of which claim is made

Details of the cattle	Type of Cattle	Sex	Age	Breed	Description of the cattle				Tag No.	Sum insured/ Market value
					Color	Horns	Tail switch	Distinguishing features		
		(M/F)	(Years)							

3. Details of the Claim-Death

Nature of disease contracted	
Date disease was first detected	
Details regarding treatment of disease.	
Name of Vet attending and performing post-mortem	
a) Date of the death b) Cause of death c) How and where did the accident happen?	

4. Details of the Claim-Permanent Total disablement

a) Nature of Permanent Total Disability b) Certificate from Vet obtained? If yes, please attach.	
Name & address of the Vet who issued the Certificate of Soundness	
Name & address of the Hospital where treatment is taken/being taken	
Do you have any other Cattle Insurance Policy? If Yes, give details.	

5. Details of the Claim assessment

4. Cost of cattle in Nu.	
5. Less value of the carcass in case of death, if any, in Nu.	
6. Less 30% for draught animals	
7. Less 50% for milch animals	
8. Less 25% of the Sum Insured in case of Permanent Total Disablement, in Nu. For all other animals not mentioned in the schedule	
9. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu./- (Nu.(In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....
.....

The claim assessed by:

RICB Official
Officer
Seal and sign

Geog Veterinary Officer/Dzongkhag Veterinary
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owners's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.

Fishery Insurance Claim Form

(To be filled-in by the concerned authority of the Fisheries Dept.)

1. Name of the Insured in Full :
2. Location of the Farm :
3. Date of Stocking (Breed wise) :
4. Stocking Density :
5. Age at the time of death/loss :
6. Species of the fishes :
7. Average weight at the time of death :
8. Value at the time of death (In terms of Incurred Expenses) :
9. Cause of Loss (Pl. enclose detailed Note):

10. Whether the loss is total or partial? (If partial specify in terms of approximate percentage) :

11. Methods adopted for assessment of Loss:
 - a) Drag Netting
 - b) Draining of Pond
 - c) Any other Method
12. Percentage of Salvage and value expected:
13. Whether salvage is fit for human consumption :

14. If the loss is due to disease whether any specimen collected and sent to Laboratory :

15. Remedial measures suggested if any prior to the occurrence of loss :

16. Had the Insured taken necessary preventive measures/steps for minimizing the loss? :
17. Had the Insured taken proper care and observed all the scientific guidelines? :

I/We certify that the answers to the questions are correct to the best of my/our knowledge and belief. I/We also certify that the required books are being maintained in proper order and death has no adverse reflection on care and management of the Insured fishes.

I/We confirm that the physical verification of the dead fish has been done by me/us. (In case you have any relevant information or difference of opinion in connection with the claim, please specify)

Place:

Date:

Signature

Name, Qualification, Designation and

Address

This Form should be completed without delay and forwarded, to the Company along with the Claim Form.

FISHERY CLAIM FORM - PART - II

(To be filled in by the proposer)

Policy No.:

Claim No.:

Name of the Insured in Full :

Address :

Occupation :

Details of the project & claim :

Name and location of the project	Survey No. & area it traverses	Type of Water area / pond / tank etc.	No. of fry fingerlings stocked	Name of species of Fish	Average weight at the time of death	Value (Cost of Production prior to death)
1	2	3	4	5	6	7

1. Cause of loss with full details :
2. is there any outbreak of epidemics in the vicinity :
3. Date of occurrence of accident or diseases, when seen first :
4. What were the steps taken to prevent death after the accident or disease or epidemics? :
5. Whether the accident or disease caused total loss of fishes or only partial loss :
6. Date by which the loss is total :
7. When notice was sent to the certifying Fisheries Officer :
8. Source and date of purchase of fishes and the price paid and weight/size :
9. Whether the fishes were free from disease, defect etc. at the time of purchase and who had ensured this:
10. If a loss has been due to pollution, poisoning, malicious act, negligence, error, or omission, give details :
11. Amount of Claim (Cost of production) :
12. Whether the salvage is realized and disposed of, if so, Amount? :
13. Are fishes insured elsewhere?
Are you receiving compensation from any other source? If so from whom? :
14. When was the premium paid? :
15. Total volume of bunds in cubic

- Meters before loss :
16. The volume of earth washed-away in cubic meters. Furnish details separately? :
17. Measurements of breaches, if any :
18. Cost of repairs/reforming of bunds :
19. Rate paid for cubic meters of Earthwork :
20. The total amount of claim (Fish/Bunds) :

I/We, the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and affirm that proper treatment and care was given to the fishes.

I/We agree that if I/We have made or in any further declaration the Company requires in respect of the said accident or disease, shall make any false statement or any suppression or concealment the policy shall be void and all rights to recover thereunder in respect of past or future accidents/diseases will be forfeited.

Place:

Date:

SIGNATURE OF THE INSURED

Details of the Claim Assessment

10. Cost of fish in Nu.	
11. Less 20% as salvage value, if any, in Nu.	
12. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu./- (Nu.)(In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....

The claim assessed by:

RICB Official
Seal and sign

Geog Fishery Officer/Dzongkhag Fishery Officer
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owner's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.

Honey Bee Insurance Claim Form

Name of proposer :

Address :

Contact No. :

Policy number:

Details of the claim *(if insufficient space attach schedule)*

Sl.no	No. of Hives or colonies affected	Identification Codes of the affected Hives	Market value of the hives

QUESTIONNAIRE

1. Date of loss:
2. Cause of loss:
3. Did you buy the additional theft cover? YES/NO
4. Type of claim/loss

5. State the salvage value, if any:

6. Give details of previous treatment or medication administered to the animal whilst in your possession in case the loss was due to pest and diseases?

.....

Details of the Claim Assessment

13. Cost of Honey Bee hives or colony in Nu.	
14. Less salvage value, if any, in Nu.	
15. Less 20% deductible in Nu.	
16. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu./- (Nu.(In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....
.....

The claim assessed by:

RICB Official
Seal and sign

Geog Honey Bee Officer/Dzongkhag Honey Bee Officer
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owners's Name and Signature
Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.

Poultry Insurance Claim Form

1.	Name of the farm and its location					
2.	Name of owner(s)					
3.	Address:					
4.	Description of the birds					
5.	a) Number of birds dead for which claim is preferred and the amount claimed. b) Breed and strain of birds					
Sl. No	Description (State whether Chick, Grower, Layer broiler parent stock)	Identification No. wing band/ leg band wing badge	Exact age in weeks	Total No. of birds in the flock	Total percentage of mortality till date in the insured flock from the date of insurance (to be supported by the records maintained)	Date of preference of last claim & details of No. of Birds died
6.	a) When were the birds first seen ill? b) When was a notice sent to the Veterinary Surgeon? c) Dates of attendance by Veterinary Surgeon: d) Whether treatment was given or not? If yes, Particulars of treatment given: What are the preventive measures taken to protect other birds? e) Date of deworming done: f) Cause of death: g) Is there any contagious or infectious disease prevalent in the flocks: or in the vicinity? If the birds have started laying give No. of eggs yield for the past 4 weeks. h) Have all the birds been protected as per vaccination schedule against Ranikhet, Fowl pox, Mareck's diseases? If so give dates of vaccinations done. Source of receipt of vaccine:					

7.	a) What was the source of supply of bird/s chicks? b) What was the source of supply of feed
8.	In case of any mass mortality, whether any compensation has been claimed from any other source? If so, give details of the No. of birds, amount compensated etc.
9.	a) Whether Post-Mortem conducted? If so, is a detailed Post-Mortem report Enclosed or not? b) No of birds culled so far:
10.	When was the premium paid?

VETERINARY CERTIFICATE	
1	Total No. of birds died:
2	Percentage of mortality:
3	Identity No.
4	Cause of death:

(Attach a detailed report of P.M done on a sample batch of carcasses)

I CERTIFY that I have on this day carefully examined the carcasses of birds described in the above schedule and that the particulars and answers to the questions are correct to the best of my knowledge and belief and the cause of death is no adverse reflection on the "Care and Management" of the insured flock.

Date:

Place:

Signature:

Qualification:

Name & Address:

Details of the Claim Assessment

17. The total cost of chicken in Nu.	
18. Less value of the salvage in case of death, if any, in Nu.	
19. Less 40% in case of loss due to Gumboro disease	
20. Less 20% in case of loss due to other causes or diseases.	
21. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge.

We recommend for settlement of the claim for Nu. /- (Nu.
(In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....
.....

The claim assessed by:

RICB Official
Seal and sign

Geog Veterinary Officer/Dzongkhag Veterinary Officer
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owners's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RIBC Official for onward submission to the Head Office of the RIBC for processing the claim.



Rabbit Insurance Claim Form

1. Name of Insured :
2. Address :
3. Description of the rabbits claimed for:

Type of Breed	Color	Age	Sex	Identification no./ tag no.	Value Prior to Illness

4. When the rabbits was first seen ill.
5. When was the animal sent to the Veterinary surgeon;
6. When was first and last seen by Veterinary Doctor?.....
7. Name and address of Veterinary Doctor attended?.....
8. Place of death with date:.....
9. Cause of death ;
 - a) If from disease how do you account for it.....
 - b) Others, please specify.....
10. Amount of claim.....
11. Are the rabbits insured elsewhere? are you recovering compensation from any other source? If so, from whom?.....
12. What steps were taken by you after the disease was noticed to prevent the same?
13. What was the premium paid?.....

VETERINARY CERTIFICATE	
1	Total No. of rabbits died:
2	Percentage of mortality:
3	Identity No.
4	Cause of death:

(Attach a detailed report of P.M done on a sample batch of carcasses)



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
 HEAD OFFICE: THIMPHU

I CERTIFY that I have on this day carefully examined the carcasses of the rabbits described in the above schedule and that the particulars and answers to the questions are correct to the best of my knowledge and belief and the cause of death is no adverse reflection on the “Care and Management” of the insured animals.

Date:
Place:

Signature:
Qualification:
Name & Address:

Details of the Claim Assessment

1. The total cost of Rabbit in Nu.	
2. Less value of the carcass in case of death, if any, in Nu.	
3. Less 30% deductible	
4. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu.-/- (Nu.)(In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....

The claim assessed by:

RICB Official
 Seal and sign

Geog Veterinary Officer/Dzongkhag Veterinary Officer
 Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
 Seal and sign



Owners's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.

Sheep and Goat Insurance Claim Form

Policy No.

Claim No.

Name of Insured (in full):

Address:

DESCRIPTION OF ANIMAL CLAIMED

Description (State whether sheep, goat etc.)	Identification Tag No. Color	Species & Breed	Sex (If female whether pregnant calf at foot, freshly calved or heifer) color & full distinguishing marks	Exact age in years	Value prior to illness Nu.

1. When was the animal first seen ill?
2. When was a notice sent to the veterinarian?
3. When first and last seen by the Veterinarian?
4. Date of attendance:
5. Name and address of veterinarian surgeon who attended?



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

6. Place of death, with date and hour?

7. Cause of death:

If from disease, how do you account for it?

If from the accident, how did it occur and who was in charge?

If operated upon recently, state nature & data, also the name of Surgeon:

8. The purpose for which used or employed when last at work:

9. Did you breed or buy the animal?

10. Date of the last calving: State whether the animal is dry or pregnant. If pregnant what is the stage of pregnancy?

11. Amount of claim in Nu,

12. Is the Ear tag of the animal enclosed? Yes / No

13. When was the premium paid?

I / We the above named do hereby to the best of my / our knowledge and belief warrant the truth of the foregoing statements in every respect and affirm that proper treatment and care were given to the animal. I/ We agree that if I/we have made or in any further declaration the Company may require in respect of the said



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
 HEAD OFFICE: THIMPHU

accident shall make any false statement or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Date:

Place:

Signature of Insured

VETERINARY CERTIFICATE	
1	Total No. of sheep or goat died:
2	Percentage of mortality:
3	Identity No. or tag no.
4	Cause of death:

I CERTIFY that I have on this day carefully examined the carcasses of animals described in the above schedule and that the particulars and answers to the questions are correct to the best of my knowledge and belief and the cause of death is no adverse reflection on the "Care and Management" of the insured animal.

Date:

Signature:

Place:

Qualification:

Name & Address:

Details of the Claim Assessment

1. The total cost of Sheep and Goat in Nu.	
2. Less value of the carcass in case of death, if any, in Nu.	
3. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu.-/- (Nu.(In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

The claim assessed by:

RICB Official
Seal and sign

Geog Veterinary Officer/Dzongkhag Veterinary Officer
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owners's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.



Pig Insurance Claim Form

(The issue or acceptance of this form is not to be construed as admission of liability on the part of the Company)

Insured Details

1. Name of the Insured	
2. Address of the Insured	

Details of pig in respect of which claim is made

Details of the Pig	Type of Cattle	Sex	Age	Breed	Description of the Cattle				Identification Tag No.	Insured's estimate of Market Value.
		M/F	Years		Color	Horns	Tail Switch	Distinguishing Features	Rt/Lt Ear	Nu.

Details of the Claim

1. Cause of loss:	
2. Date on which Disease was first detected if the cause of loss is due to a disease	
3. Details regarding treatment of Disease.	
4. Name of Vet attending and Performing Post-mortem	
5. a) Date of the Death	
b) How and where did the accident happen?	



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
 HEAD OFFICE: THIMPHU

VETERINARY CERTIFICATE	
1	Total No. pig died:
2	Percentage of mortality:
3	Identity No. or tag no.
4	Cause of death:

(Attach a detailed report of P.M done on a sample batch of carcasses)

I CERTIFY that I have on this day carefully examined the carcasses of animals described in the above schedule and that the particulars and answers to the questions are correct to the best of my knowledge and belief and the cause of death is no adverse reflection on the "Care and Management" of the insured animal.

Date:
Place:

Signature:
Qualification:
Name & Address:

Details of the Claim Assessment

5. Cost of a pig in Nu.	
6. Less value of the carcass in case of death, if any, in Nu.	
7. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu./- (Nu.)(In word) only and release the payment in favor of

(OR)

The claim is to be declined (reason to be given)

.....

The claim assessed by:



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

RICB Official
Seal and sign

Geog Veterinary Officer/Dzongkhag Veterinary Officer
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owners's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.