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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

*“Your partner for growth and security”*

**PROPOSAL FORM FOR PIG INSURANCE**

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?
- 2. Do **you** have any other livestock of the same class proposed which are not to be insured?
- 3. Have **you** been previously insured against any of the risks proposed?
- 4. Has any insurer ever:
  - a. Declined a proposal, refused renewal or terminated insurance?
  - b. Required an increased premium or imposed special conditions?
- 5. Have **you** had any losses in respect of the risks proposed in the last three years?

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?

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.**



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**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?



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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.***



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**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: