

्ञापर्ये<u>व</u>मिण.धेर्यःसेट.जरायहूर्य.क्र्री

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

POULTRY INSURANCE PROPOSAL FORM

(This proposal must be acco	mpanied by a C	Eertificate given by	a qualified Veterinary	Surgeon
(4	

	1. Name and address of the Poultry Farm:							
	2. Nam	e and address	of the Bank:					
	3. Nam	e and address	of the owner/s	S:				
	4. Perio	od of Insuranc	e: From	and	То			
	5. Туре	e of Birds: Broi	lers/Layers/P	arent Stock				
			Description o	f the Birds to b	e insured			
ge	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:							
				ents maintained		n?		



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t	rainin	owner/partner/assoc	-		ig? Or have un	dergone a
Unit of		Date of Vaccination	Age of Birds	Disease against which vaccinated	Batch No. & Mfg. date	Name of Vaccine
15 1	Iac th	ere been any epidemic	outhroak duri	ng last 3 years? If so	give details:	
16. I		n maintain the followin Flock record on day to	O	YES/NO		
	b)	Mortality record:		YES/NO		
	c)	Culling:	YES/	NO		
	d)	Vaccination and medi	cation particu	lars: 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.	Sin	ce when the farm was	established?			
DECLAR	ATIO	N				
		re that the foregoing st I all the particulars affe				
		the contract between				
		alteration and to acce				



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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 on	I have inspected the above fa	arm and examined	the birds the detai
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. Health of Birds?
- 6. 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:
- 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. 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?



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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 infections disease prevalent in the farm of its vicinity.

Place:	Signature of the Veterinary Surgeon
Date:	Name:
	Oualification: