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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

“Your partner for growth and security”

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. 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.



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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. 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. General opinion about overall management.



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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 infections disease prevalent in the farm of its vicinity.

Place:

Signature of the Veterinary Surgeon

Date:

Name:

Qualification: