

PRADHAN MANTRI FASAL BIMA YOJNA (PMFBY) PROPOSAL FORM

IMPORTANT GUIDELINES:

1. *Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.*
2. *Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.*
3. *It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.*
4. *Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.*

DECLARATION FORM – LOANEE FARMERS

TO,
Generali Central Insurance Co. Ltd.
Present Address: _____

Phone No.: _____ A/C No.: _____
No.: _____ IFS Code: _____
Fax No.: _____ E-mail: _____
Code: _____

Permanent address of the proposer (if left blank, will be construed as being same as Present Address):

CKYC Number (if available):

It is certified:

- I. That no crop loans eligible for coverage are left out by the bank branches / PACS under our jurisdiction (strike off option not applicable),
- II. That all Kisan Credit Card bans sanctioned/renewed and eligible for coverage are also included, and
- III. That all guidelines with regard to crop loans, issued by RBI/NABARD from time to time have been followed.

Dated at _____ this _____
Day of _____ Year _____

Name of Signatory

Name and seal of authorized Signatory of Nodal Bank

Designation

Declaration No. (to be allotted by Bank)

GENDER:

M	F	OTHER

CATEGORY:

SC	ST	Other	GEN

State:

Season:

Year:

Crop:

District:

Taluk/Tehsil/Block:

Category of Farmer	No. of Farmer	Area Insured (Ha)	Scale of finance (Rs/Ha)	Sum Insured (Rs) = Area x Scale of Finance	Total Farmer's Premium Farmer's Premium (in Rs.) x Area (in Ha)
1	2	3	4	(5)=(3)x(4)	(6)
Small & Marginal					
Other					
Total					

DD/RTGS/NEFT No.

DD/RTGS/NEFT DATE

DD/RTGS/NEFT AMOUNT

TO BE COMPLETED BY GENERALI CENTRAL INSURANCE COMPANY LIMITED OFFICE

CERTIFICATE No.

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RECEIPT No.

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GUIDELINES FOR FILLING UP THE DECLARATION

1. This Declaration format should be used only for loanee farmers.
2. Separate Declaration must be filled in for each crop and each notified area.

3. Only one copy of the Declaration must be submitted to GENERALI CENTRAL INSURANCE COMPANY LIMITED within the prescribed Cut-off date (a copy may be retained by the bank for their record).
4. Complete address of Bank along with the Telephone/Fax number/E-mail must be given to facilitate further communication, whenever necessary.
5. Care should be taken to declare only such loans for Crop Insurance coverage which are strictly as p provisions/conditions and seasonality discipline of the Scheme and the notification by the SLCCCI.
6. Whenever any clarification in respect of declarations submitted by Bank, is sought by GENERALI CENTRAL INSURANCE COMPANY LIMITED the same must be submitted within one month of GENERALI CENTRAL INSURANCE COMPANY LIMITED S letter and no clarification will entertained by GENERALI CENTRAL INSURANCE COMPANY LIMITED thereafter for any purpose whatsoever including reopening of claims.
7. Premium D.D. should be in favour of " GENERALI CENTRAL INSURANCE COMPANY LIMITED." Round off the amount of premium to the nearest rupee.
8. Details of individual farmers must be enclosed/sent in soft copy on Crop GCicare@generalicentral.com in and subject line for oral communication should be Season name and year, State name, Nodal bank Branch name.
9. Bank will be held table for making good any losses/ claims arising out of any error of omission of Commission by the banks.
10. Specific guidelines for filling in the Schedule:
 - i Care should be taken to specify the correct NOTIFIED AREA and CROP in such declaration Any Changes/ Corrections in notified area/cop should be intimated at least 30 days before cut-off date. No subsequent request will be entertained by GENERALI CENTRAL INSURANCE COMPANY LIMITED.
 - ii Sum Insured for individual farmer will be equal to the Crop Loan sanctioned for the notified crop in the notified area.
 - iii Only the farmers' premium is to be calculated in the following manner Farmers' premium rate (in Rs) x Aren in ha.
 - iv Duplication in reporting numbers of farmers/area covered must be avoided in the subsequent Declaration.
 - v The declaration along with premium must be sent to GENERALI CENTRAL INSURANCE COMPANY LIMITED within stipulated cut-off date mentioned in the notification.

For any change in the information furnished in this declaration, revised declaration must be submitted, giving reference to original declaration within one week of cut-off date for submission of declarations.

PROPOSAL FORM FOR NON – LOANEE FARMERS

Seasons & Year:- _____ 20_____

Documents to be enclosed: Bank Name: _____

1. Copy of land document towards insurable interest Branch Add.: _____

(Land Possession Certificate/Land revenue receipt/

IFSC Code: _____

Patta/Contract/Other Documents as per Notification)

Phone No.: _____

2. KYC documents (Proof of identity and Proof of address)

E-mail: _____

Please fill details of all the crops you wish to insure in Village in this form

1. Details of Form:

Are you a registered Farmer with GENERALI CENTRAL INSURANCE COMPANY LIMITED: If Yes, provide Farmer ID no. in the box below, and if not, fill Farmer Registration Form	YES / NO
Name: Mr./Ms.: Mobile/Phone No.: Email ID: Bank A/C No. <input type="text"/>	Farmer ID No.: Gender: Male / Female / Other Category: SC / ST / Other Small & Marginal / Other Farmer:

Present Address of the Proposer:

Permanent address of the proposer (if left blank, will be construed as being same as Present Address)

2. Notified Area Details (L4 – L7 Labels to be filled in as per prevalent nomenclature in the State):

State	District				
L2	L3	L4	L5	L6	L7

3. Details of Crop and Area Proposed for Insurance

Block/ Tehsil/ Hobli	Village	Survey No.	Mention you are owner/ Share- Cropper / Tenant of the survey no.	Name of Crop	Proposed Date/ Actual Date of Sowing of the crop	Area Sown in Hectares	Other Crops Sown	Cover Note No.

I hereby declare the provisions of the scheme and contents of this form have been read and understood by/explained to me in detail in vernacular language before completing the proposal form including Farmer Registration form. I hereby further declare that the particulars furnished above are true and correct. I have sworn / intend to sow crop insured. Further, I undertake to inform the insurance company if there is ,change in crop and pay any difference in premium which becomes payable.

I have not submitted any other crop insurance proposal covering the above mentioned crop grown on above survey no. during the season under the scheme either through this bank branch / PACS or any insurance intermediary or any other bank branch / PACS or any other scheme or with any other insurance company.

Place:

Date:

Witness (must for thumb impression):

Insurance is the matter of solicitation

Acknowledgement (PMFBY)

Date: _____

Received Rs. _____ (Rupees _____ only)
towards consideration as farmer's share premium from Mr. /
Mrs. _____ Son/Daughter/Wife of Shri

_____, Cultivator of _____ Block /
Tehsil / Taluk/
Revenue Circle of _____ District of _____ State / UT,
having Bank Account No. _____ in _____ Bank
_____ Branch, towards coverage of _____ crops in total land
of _____ Hectares for a Sum Insured of Rs. _____ during
_____ Season of _____ year under Pradhan Mantri Fasal Bima Yojna
(PMFBY), vide Cash / Cheque / DD No. _____ dated _____ Drawn on _____
Bank, subject to realisation.

Bank Name

Address:

Please preserve this Acknowledgement for future use

(For Use By Bank)

Notified Area	Crop	Area Insured (ha)	Total Sum Insured (Rs.)	Farmers Premium Rate (%)	Total Farmer's Premium (Rs)	Details of remittance of premium
(1)	(2)	(3)	(4) = (3) x Scale of Finance	(5)	(6) = (4) x (5)	DD / Cheque no. / Cash
						Dated
						Drawn on (name of bank)
Total						Debited on

Prohibitions of Rebates: Section 41 of the Insurance Act provides as follows:

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect to any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebates except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

GUIDELINES FOR COMPLETION OF THE FORM

1. Only one proposal form to be filled up for all the crops proposed to be notified in a survey no.
2. Please complete the Proposal Form in all respects. The proposal should be signed by the proposer and all documents as mentioned above enclosed.
3. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts. If you think any fact is material, please disclose it.
4. The insurance shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.
 - a. Kindly contact GENERALI CENTRAL INSURANCE COMPANY LIMITED's Offices or its authorized Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of GENERALI CENTRAL INSURANCE COMPANY LIMITED does not commence with this proposal has been accepted by GENERALI CENTRAL INSURANCE COMPANY LIMITED and the premium is paid he detailed terms and conditions are printed at the back at Acknowledgement

TERMS AND CONDITIONS

1. The coverage under PMFBY will be strictly as per operational guidelines framed by DAC&FW, GOI and the notification issued by the state government for the relevant season.
2. The proposer shall submit only one proposal form for one season.
3. The proposer shall disclose all material facts. Any discrepancy discovered later may lead to cancellation of insurance cover and forfeiture of premium. Material facts for this purpose will include but not restricted to facts relevant to crop Insured, season insured notified area insured and insurable interest.
4. The Insurance company reserves the right to reject this proposal If It is not signed /not completely filled/ required documents in support of insurable interest are not enclosed/ full share of farmer's premium is not paid.
5. The Insurance cover may be cancelled if it is discovered at any time that:
 - a. The farmer has Insured more area than the land with insurable interest for him.
 - b. Has taken insurance on the same land in the survey no. from different banks/ branches/ society or as loanee as well as non-loanee farmer or has sown some other crop than notified/insured crop.

In above cases the premium would not be refunded without prejudice to the right to Investigate and make changes in the coverage accordingly at insured's risk, cost and consequences.
6. Proposer undertakes to inform the insurer in the event of any change in crop, extent of area sown, bank account and insurable Interest within one week
7. Insurance company reserves the right to investigate ourselves or through others and reduce claim proportionately, If area insured is more than area sown
8. Proposer undertakes to inform insurance company within 48 hours of occurrence of loss caused due to peris mentioned in the scheme in case of localized calamity/post-harvest losses.

9. Proposer undertakes to assist insurance company and its loss assessors in every manner.
10. Payment of claim under prevented sowing will lead to cancellation of policy and no further claim will be paid.
11. Proposer need to submit KYC documents (Proof of identity and proof of address), and document (Land Possession Certificate/Land revenue receipt/ Patta/ Contract other documents as per notification), banks details along with proposal form
12. Proposer undertakes to submit discharge voucher before receipt of claim.

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

Bank details of proposer for refund or claim purpose:

Name of bank account holder (mention specifically, if different from name of policyholder):

Bank Name & Branch:

Bank Account Number:

IFS Code:

NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: ((if left blank, will be construed as being same as Present Address))

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATIONS

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and GENERALI CENTRAL INSURANCE COMPANY LIMITED (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law."

OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I we am/are (please tick all that are applicable)
☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person/s
☐ Non-Governmental Organization
- v. I agree to receive service related information from GCICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of

the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

- vii. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- viii. We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon

shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: _____

Intermediary's Code: _____

Intermediary's Signature: _____

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333 / 022 6783 7800