



Agriculture Insurance Company of India Limited
Head Office: 13th Floor, Ambadeep Building, K.G. Marg, New Delhi 110001
Regional Office : Chandigarh
PRADHAN MANTRI FASAL BIMA YOJNA (PMFBY)
Proposal Form for Non-Loanee Farmer

Season & Year: _____ 20 --

Documents to be Enclosed:

1. Copy of Land document towards Insurable interest :
 (Land Possession Certificate/Land revenue receipt/ Patta/ Contract/ other documents as per notification)
 Please fill details of all the crops you wish to insure in a village in this form

1. Details of Farmer:

Are You a registered Farmer with AIC: 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:	Farmer ID No.:

2. Notified Area Details :

State	District	Tehsil / Sub Tehsil	Revenue Circle	Village
L1	L2	L3	L4	L5

3. Details of Crop and Area Proposed for Insurance:

Block/ Tehsil / Hobli	Village	Survey No.	Mention whether 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

RTGS/NEFT No: _____ RTGS/NEFT Date: _____ Drawn on Bank _____ Amount: _____

I hereby declare that the provisions of the scheme have been read and understood by/ explained to me in detail in my own 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 made all disclosed all material facts. I have sown/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 any Insurance intermediary or any Bank branch /PACS or any other Scheme or with any other Insurance Company. I undertake to inform insurance company within 48 hours of occurrence of loss caused due to perils mentioned in the scheme in case of localized calamity/post-harvest losses. I undertake to assist insurance company and its loss assessors in every manner. I understand that payment of claim under prevented sowing will lead to cancellation of policy and no further claim will be paid.

Place:

Date:

Witness (must for thumb impression):

Signature/Thumb Impression of Proposer

Insurance is the subject matter of solicitation

{For use by Bank / Insurance Intermediary (II)}

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

Bank & Branch/ Ins. Intermediary Name _____

Address _____

Ph. No. _____

IFSC / Ins. Intermediary ID _____

E-mail _____

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-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.

1. Kindly contact AIC's Offices or its authorized Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of AIC does not commence until this proposal has been accepted by AIC and the premium is paid. The detailed terms and conditions are printed at the back of Acknowledgement

**Acknowledgement
(PMFBY)**

Date: _____

Received Rs. _____ (Rupees _____ only) towards consideration as Farmer's share of Premium from
 Mr. / Ms. _____, Son/Daughter/Wife of Shri _____, cultivator of _____ Block/Tehsil/Taluka/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 RTGS/NEFT No. _____ dated _____ drawn on _____ Bank,
 subject to realization..

Please preserve this Acknowledgement for future use

(Authorized Signatory)

In case of any Grievance please contact the Grievance Redressal Officer at phone no. 0172 - 5078632 or log on to
http://www.aicofindia.com/AICEng/Pages/Grievance_Home.aspx.

For Non Loanee

Crop Sown Certificate

(To be issued by the Competent State Govt. Official)

Certified that Smt./Sh Son/Daughter/Husband/Wife of
Smt./Sh is the permanent Resident of
.....
..... and she/he
has sown..... Hectares of crop in
Khasra nos. situated in village
Tehsil of District of Himachal Pradesh during Kharif
2018 season as owner / tenant and he is now proposing to insure his said crop
under Pradhan Mantri Fasal Bima Yojana (PMFBY) during Kharif 2018 season with
Agriculture Insurance Company of India Limited.

Place :

Date:

.....
Signature with Stamp of the Officer

Name of the Officer:

Address:

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