

PRADHAN MANTRI FASAL BIMA YOJANA (PMFBY)

Declaration/Proposal to be submitted by Bank
(Loanee/Non-Loanee) (Please check if applicable)

Bank Declaration No: _____

Local Bank Branch Address (Stamp not allowed): _____

Board No: _____ Mobile No: _____

1. As per the guidelines issued under the government notification for..... season, we declare herein below the total sum insured and premium collected from those Loanee farmers / Kisan credit card holders / Non Loanee farmers who are falling under the area of our nodal bank and who have submitted the requisite insurance proposal form on or before the cut-off date.
2. This office as well as the bank branches/ PACS under our jurisdiction certify that:
 - a) All suitable loan applicants / Kisan credit card holders / Non Loanee farmers, who have acceptable credit limit for insured crops taken in respective seasons mentioned in the following schedule, have been included.
 - b) All the guidelines of PMFBY related to insurance issued by the State/Central Government have been complied with.
 - c) All insurance related instructions of PMFBY issued by the Department of Agriculture, Cooperation & Farmer's Welfare have been complied with.

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

Yes ☐ No ☐

If yes, please give details (Nature of relationship and position held by PEP):

.....
*Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;".

SCHEDULE

Declaration no allotted by the Bank _____ -Nodal Bank Code: _____ State: _____

Season: _____ Year: _____ Crop: _____ District: _____

Name of Tehsil/Taluka/Block _____

Level of notification Unit: _____ (District /Tehsil/Block/Nyay panchayat/GP/Hubli/Subdivision/Patwar)

Name of Notified area _____ Total Premium rate (%): _____

Farmer premium share (%): _____ Level of unit next to notified area: _____

Name of unit next to notified area: _____

Compulsory coverage for Loanee farmers only.

Declaration

I/ We also declare that in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal cum declaration form and connected documents, or any material information having been withheld from the insurer, the insurer shall not be liable for any payment under the policy.

I/ We authorize the insurer to conduct audit of the concerned records with prior intimation to the bank.

I/ We undertake to provide the Farmer details in soft copy (Excel format) and to Co-operate with ICICI Lombard GIC Ltd in social audits as required under PMFBY.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required.

I/We understand that the Company has right to call for documents to establish source of funds.

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Date*: _____ Place*: _____ Post*: _____

Name*: _____

(*Mandatory)

Signature and Stamp of Authorized Bunk Officer*

Payment Details

Received a premium of Rs. _____ in form of Cosh | Cheque | Draft | NEFT | Wallet through instrument number _____ dated of Bank _____

Policy Issued Date: _____ Location: _____

- a. I have read & understood the terms and conditions mentioned on page 2 of the document.
- b. I also declare that in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure particularly in the Insurance Proposal / Certificate of Insurance/ Cover note and required documents, or any material information having been withheld from the insurer, I shall not be entitled to claim or any other benefit under the policy.
- c. I also understand that in case of cutting/ overwriting in the Insurance Proposal / Certificate of insurance Cover note, the same shall not be accepted und I will not be insured. Also premium amount will be refunded back. I also declare that land insured here has not been insured by any other insurance company other than ICICI Lombard. The Insurance Company has the right to reject insurance proposal if it is not accompanied by necessary document proof or insurance premium.
- d. In this season, with respect to the insurance of mentioned crops, I have not/will not deposit any other insurance proposal in this branch of bank or primary Agriculture Co-operative society (PACS) or any other branch of the same bank or by any other bank or any intermediary. I also declare and confirm that, under S.A.O (Seasonal Agriculture Operations) or K.C.C (Kisan Credit Card), with respect to this proposal I am not a loanee farmer in context of this insured crop and I have not taken any sum of amount for agriculture loan from any of the banks, neither have I got the approval for Agriculture loans.

Authorized signatory

Signature of Insured Farmer

ICICI Lombard GIC LTD

(Not applicable in case of VLE)

- Risk Start date:
- Risk End date:

I hereby declare that the name of farmer mentioned on the insurance proposal /Certificate of Insurance/Cover note is same as available in ID proof, Land record document & bank account details.

Contact No: _____

Contact Address: _____

Signature of Concern Official
(Not applicable In case of VLE)

To be filled in case of Agent/Broker/VLE (village level entrepreneur):

License No of Agent/Broker/VLE _____ Name of Agent/Broker/VLE: _____

Note: All the fields are to be filled mandatorily. Incomplete Insurance Proposal /Certificate of Insurance / Cover note will not be accepted.

Note: In case of Broker seal is mandatory (Not applicable in VLE)

Weather Insurance Group

ICICI Lombard GIC LTD, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025

This is only indication of coverage offered. For exact details regarding coverage offered, exclusions, terms and conditions, please refer the application Government Guideline and policy terms. Policy shall stand cancelled ab initio in the event of non- realization of premium.

Grievances Clause

For resolution of any query or grievance Insured may contact the respective branch office of the Company or may call at 1800 2666 or can approach the Company through Customer Support Suction at mentioned E- mail Id: grievance@icicilombard.com

STATUTORY WARNING PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

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 of 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 rebate, except such rebate as may be allowed in accordance with the published prospectuses 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 ten lakhs rupees.

Instructions for filling the form

1. All the No loanee farmers will mandatorily have to fill the Insurance Proposal / Certificate of Insurance Cover note
2. Separate Insurance Proposal / Certificate of Insurance / Cover note will have be filled and submitted for each crop
3. Al the Non loanee farmers shall fill the Insurance Proposal / Certificate of Insurance / Cover note in full and provide all required details
4. Insurance is a contract of utmost good faith requiring the insured is required not only to disclose a material facts but also not to suppress any material facts. If you think any fact is material, pleas disclose it
5. The policy shall become null in void at the opt on of the insurer, in the event of any untrue or incorrect statement, misrepresentation, nor-description or non-disclosure in any material particular in the Insurance Proposal / Certificate of Insurance /Cover note, Declaration/Proposal form and personal statement, declaration or connected document or any material
6. For any clarification in proposal form contact official or representative of ICICI Lombard GIC Ltd.
7. Only completely filled and signed proposal form/certificate of insurance/ cover note will be accepted
8. ICICI Lombard GIC LTD shall cancel the policy at its sole discretion

Note- The responsibility of ICICI Lombard GIC LTD doesn't commence until ICICI LOMBARD GIC LTD accepts the Insurance Proposal / Certificate of Insurance /Cover note and the premium amount is completely paid.