

CATTLE INSURANCE POLICY

PREAMBLE

WHEREAS the Insured named in the Schedule hereto (hereinafter called the "Insured") has made and/or caused to be made to Reliance General Insurance Company Limited (hereinafter called "the Company") a written proposal and/or declaration as stated in the Schedule hereto which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein, for the insurance hereinafter set forth in respect of animals specified in the Schedule

OPERATIVE CLAUSE

NOW THIS POLICY WITNESSETH that in consideration of the payment made or to be made, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938, and the rules made thereunder to the Company, of the premium for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall, if any animal described in the Schedule and belonging to the Insured shall die whilst within the geographical area specified in the Schedule from any accident (including fire, lightning, flood, inundation, cyclone, tornado, storm, tempest, hurricane, earthquake, famine, riot, strike and civil commotion) and diseases contracted or occurring or surgical operation performed, then the Company will pay or make good to the Insured, after receipt of proof of death satisfactory to the Company, the loss which the Insured shall suffer by the death of such animal not exceeding the sum insured in respect thereof as stated in the Schedule hereto or the market value at the time of loss, whichever is less.

Provided that this Policy shall also cover death of insured animal/s occurring outside the geographical area specified in the Schedule in situations like drought, epidemic and other natural calamities.

EXCEPTIONS

The Company shall not be liable under this Policy for –

1. Malicious or willful injury or neglect, overloading, unskillful treatment or use of animal for purposes other than stated in the Policy without the consent of the Company in writing.
2. Accidents occurring and/or diseases contracted prior to commencement of risk.
3. Death of animal(s) due to diseases contracted within 15 days from the date of commencement of risk.
4. Intentional slaughter of the animal except in cases where destruction is necessary to terminate incurable suffering on humane grounds on the basis of a certificate issued

- by a qualified Veterinarian or in cases where destruction is resorted to by order of a lawfully constituted authority.
5. Injury or death due to transportation by any mode.
 6. Pleuropneumonia in respect of cattle in Lakhipur and Sibsagar districts of Assam.
 7. Theft of the insured animal.
 8. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war rebellion, revolution, insurrection, mutiny, tumult, military or usurped power or any consequences thereof or attempt thereat).
 9. Any accident, loss, destruction, damage or legal liability, directly or indirectly, caused by or contributed to by or arising from nuclear weapons/materials.

CONDITIONS

1. At the time of insurance or renewal or addition/substitution in the Policy, every animal must be in sound and perfect health and free from injury.
2. The Insured shall permit any authorised representatives of the Company at all times to inspect the animals hereby insured and the premises of the Insured and the Insured shall furnish any information which they may require, and shall comply with all reasonable regulations and directions from time to time made and given by the Company.
3. No claim in respect of death of animal/s covered under the Policy shall be entertained unless the ear tag/s in respect of animal/s is/are surrendered to the Company. In the event of loss of ear tag, re-tagging shall be done immediately after the loss of ear tag, at Insured's own cost and the re-tagging certificate shall be sent to the Company.
4. In the event of illness or accident to any animal hereby insured, the Insured shall, at his own expense, immediately obtain the services of a qualified Veterinarian and cause the animal to be properly treated. He shall also give immediate notice in writing to the nearest office of the Company of such illness or accident.
5. The Insured shall provide every animal Insured with sufficient and proper food, water and shelter, keep secure all fences, yards, sheds and stables, and at all times and to the best of his knowledge and ability shall use and exercise every, due and proper precaution and safeguard against loss or damage under this Policy. The intent and meaning of this condition being that each insured animal shall have the same care and attention as if not insured.
6. On death of any animal hereby insured the Insured, shall immediately give notice thereof to the nearest office of the Company and provide the Company opportunity of inspecting the carcass until at least the expiration of twenty four hours after such notice shall have been given to the Company. The Insured shall also furnish to the Company within fourteen days such information, veterinary certificates and all such satisfactory proof as to the death, identification and value of the animal as the Company may require.

7. If and when a claim under this Policy is made and if there is any other insurance by whomsoever effected covering the same animal, the Company shall contribute only its rateable proportion.
8. If death of the animals hereby insured shall be due to the negligence, carelessness or wrong-doing of any person, the Insured shall not claim or accept any compensation from such person or persons, but shall at once give to the Company all necessary information and assistance to enable the Company to secure such compensation, and it shall be absolutely the right of the Company to sue in the name of the Insured and recover compensation from the person or persons causing the death, and any monies or other compensation which shall be recovered shall belong to the Company. The Company will indemnify the Insured against all costs and expenses.
9. The Company may cancel this Policy by sending a notice by registered letter to the Insured at his last known address and in such event will return to the Insured the premium less the pro-rata portion thereof for the period the Policy has been in force or the Policy may be cancelled at any time by the Insured on seven days notice (provided no claim has arisen during the current period of insurance), and the Insured shall be entitled to return of the premium less premium at the Company's Short Period Rates for the time the Policy has been in force.

Table of Short Period Scales	
Period of Risk(Not exceeding)	Premium to be retained (% of the Annual Rate).
1 Week	10%
1 Month	25%
2 Months	35%
3 Months	50%
4 Months	60%
6 Months	75%
8 Months	85%
Exceeding 8 Months	Full Annual Premium.

10. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

13. The Company agrees and undertakes to pay claim subject to the maximum total sum insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

Proposal form for Cattle Insurance

NOTE: PLEASE ANSWER EVERY QUESTION FULLY

(The Policy does not commence until the proposal is accepted and premium paid)

Area Office Code/Service Centre Code		
Broker/Agent	Name :	Code :

Proposer's Details

1. Name of the Proposer					
2. Customer ID.					
3. Address of the Proposer	Plot No/Door No.	Building name			
	Road				
	Area				
	City	Pincode			
	State				
	Phone No.				
	E-mail Id				
4. Profession, trade, business or occupation of the Proposer					
5. Name and address of the Financier, if any					
6. a) Kind of animals proposed & Description of the animals b) No. of animals/units owned by the Proposer c) No. of animals/units proposed for insurance <i>(Details of animals as per format enclosed)</i>	a) COW / BUFFALO / BULLOCK b) c)				
7. Since how long the animals are in possession of the Proposer					
8. Purpose for which the animals are kept					

9. Where are the animals stabled ? (Please give the address and full particulars about the construction)	
10. Is the place under the sole occupation of the Proposer. If not, details of animals owned by others and also stabled in the place.	
11. The details of records and registers maintained.	
12. The number of animals of the Proposer lost in the last three years.	
13. Any claim made in the last three years. If so, the name of the Company and details of the claim.	
14. (a) Is Veterinary service available? (b) If not, whose service is available?	
<p><u>Declaration and undertaking by the Proposer</u></p> <p>I / We hereby propose the above mentioned animals owned by me/us for insurance with the Reliance General Insurance Company Limited, subject to the terms, conditions and exclusions of the Company's Policy.</p> <p>I/We hereby further declare that the statements, answers and particulars made by me/us in this proposal form are correct, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.</p> <p>I/We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of the proposal form.</p> <p>Date: Place:</p> <p style="text-align: right;">Signature of the Proposer.</p>	

PROHIBITION OF REBATE

SECTION 41 OF INSURANCE ACT, 1938

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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.



**Reliance
General Insurance Company Limited**

(Registered Office: 3rd Floor, Maker Chambers IV, Nariman Point, Mumbai 400 021)

SCHEDULE

1. Agency - Name		Agency Code :				
2. Policy No:						
3. Issuing Office :						
4. Date of proposal and Declaration:						
5. Period of Insurance From : To Midnight of : (both days inclusive)						
6. Details of Insured						
Name :		Profession/Occupation/Nature of Business:				
Address :						
7. Sum Insured: Rs.						
8. Details of Animal(s):						
Distinguishing Identification Mark / No. of the animal	Species/Breed	Sex & Colour	Age	Height	Purpose for which used	Sum Insured Rs.
9. Location of the Farm or place where the animals are stabled:						

1. Special Conditions :

IN WITNESS WHEREOF the undersigned acting on behalf of and under the authority of the Company has hereto set his hand at _____ the _____ day of _____ 20

For RELIANCE GENERAL INSURANCE COMPANY LIMITED

Authorised Signatory



Reliance

General Insurance Company Limited

(Reg. Office: 3rd floor, Maker Chambers IV, Nariman Point, Mumbai - 400 021)

RGICL/MI-CI/Form 6

Cattle Insurance

Premium Schedule

Base Rate:	Type of Cattle	Age Group	PREMIUM %							
			Non-Scheme	Scheme						
	1. Milch Cows									
	Indigenous/ Crossbred	2 - 10 years	4	2.25						
	Exotic	2 - 10 Years	6	2.25						
	2. Milch Buffaloes	3 - 12 Years	4	2.25						
	3. Stud Bulls	3 - 8 Years	4	2.25						
	4. Bullocks	3 - 12 Years	4	2.25						
	5. Female calves, Heifers	4 months - 32 months or upto first calving, whichever is earlier	4	2.25						
	Permanent total disability		Extra 1%	Extra 0.85%						
	Transit by road or rail (for distance of more than 80 KMs)		Extra 1%	-						
Discounts	<p>1. In case of Non-scheme animals, Group Discount will be given as below.</p> <table> <thead> <tr> <th>Range (no of animals)</th> <th>Discount.</th> </tr> </thead> <tbody> <tr> <td>5 - 10</td> <td>2.5%</td> </tr> <tr> <td>11 - 15</td> <td>5.0%</td> </tr> </tbody> </table>				Range (no of animals)	Discount.	5 - 10	2.5%	11 - 15	5.0%
Range (no of animals)	Discount.									
5 - 10	2.5%									
11 - 15	5.0%									



	16 - 25	7.5%
	26 - 50	10.0%
	51 - 100	12.5%
	101 - 500	15.0%
	2. For Long Term policies the discount structure will be as follows:	
	For 3 & 4 years	15%
	For 5 years & above	25%
	3. There will be malus as per scale given below in case, claims ratio is adverse.	
	Claims Ratio	Malus
	100 - 110	20%
	111 - 130	33%
	131 - 160	60%
	161 - 200	100%
	Above 200%	Premium to be adjusted so that claims ratio would appear as 90% for the rate



Reliance

General Insurance Company Limited

(Registered Office: 3rd Floor, Maker Chambers IV, Nariman Point, Mumbai 400 021)

RGICL/MI-CI/Form 5

**CATTLE INSURANCE
CLAIM FORM**

The issue of this form is not to be construed as an admission of liability:

Policy No		Claim No.	
		Date of registration.	
Area Office Code.			
Broker/Agent	Name		Code

1. Name of the Insured & Customer ID.			
2. Address of the Insured.	Plot No/Door No.	Building name	
	Road		
	Area		
	City	Pin code	
	State		
	Phone No.		
	E-mail Id		
3. Profession or Occupation.			
4. Policy Period			
5. Sum Insured	Rs.		

6. When was the Animal first seen ill?	
7. Veterinary Inspection:	
a) When was notice sent to Veterinary?	
b) When first and last seen by Veterinary?	
c) Dates of attendance.	
d) Name & Address of Veterinary Surgeon who attended.	
8. Date of death, place and time.	
9. Cause of Death:	
a. If from disease, nature of disease?	
b. If from accident, how did it occur?	
c. If operated upon recently, state nature and date, also name of Surgeon.	
10. Purpose for which used or employed when last at work.	

11. Did you breed or buy the animal?	
12. Date of last calving.	
13. If bought state : a) From whom? b) Date of purchase. c) Price paid.	
14. Claims: a. Amount of claim. b. Is the animal insured elsewhere? c. Are you receiving compensation from any other source? If so, from whom?	
15 a. If animal has not died, describe the nature of injury/disease and state when it occurred and its duration. b. Has this injury/disease resulted in permanent incapacity to conceive or yield milk? c. What steps were taken by you after the injury/disease was noticed to prevent the permanent incapacity to conceive or yield milk.	

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and affirm that proper treatment and care was given to the animal. I/We agree that if I/We have made or in any further declaration the Company may require in respect of the said claim shall make any false statement or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Date

Signature of Insured

Name and Signature of Witness _____

Address:

Date:

I _____ hereby declare and consent that the discharge Vouchers signed by the banker in respect of the above claim will be a valid and effective discharge given by me in full and final settlement of the above claim.

Date

Signature of the Borrower