

## CROP INSURANCE PROPOSAL FORM

- Name of client: \_\_\_\_\_
- Location of the farm? \_\_\_\_\_
- What crop(s) are you interested in insuring? \_\_\_\_\_
- What crop variety (where applicable) are you interested in growing? \_\_\_\_\_
- What are your typical planting dates? \_\_\_\_\_
- What are the typical crop stages and the duration (Fill in the table below)

Crop stage (Example below)	Duration-days
Germination	
Vegetative	
Flowering	
Pre-Harvest	

- What prompts planting – is it the onset of rains, do you practice dry planting or transplanting of seedlings?  
 \_\_\_\_\_
- Kindly indicate how each of the below risks affect your crop, and examples of years when the particular risk affected your crop wherever possible.  
 \_\_\_\_\_

Risk	Extent to which this risk affects your crop:		Examples of years when your crop was affected by this risk	Crop stages affected in the given years
	1 = Not at all			
	2 = Low to medium risk			
	3 = High Risk			
Drought				
Excess Rainfall				
Flooding				
Pests				
Disease (Indicate the name of the disease)				
Hail				
Wind Storm				
Frost				
Other (please name here: _____ )				

- What would you like to insure: is it the value of inputs used or expected yield?  
 \_\_\_\_\_
- What is the average cost of inputs used per acre? \_\_\_\_\_
- What is the value of the expected yield per acre? \_\_\_\_\_

12. Do you have any historical yield data? If so, kindly provide this below:

Year/Season	Yield (Kg/Acre)	Year/Season	Yield (Kg/Acre)
20 /			
20 /			
20 /			
20 /			
20 /			
20 /			

13. How many acres would you like to have covered? \_\_\_\_\_

14. How many farmers are likely to be registered for the coverage? \_\_\_\_\_

15. Do you have the GPS coordinates of the location of your farm? If so, kindly provide these.

Location	Latitude	Longitude
1		
2		
3		
4		
5		

## 1. DATA PROTECTION

Britam General Insurance (Kenya) Limited respects your privacy and is committed to protecting your personal information and medical data in accordance with Data Protection law and other relevant laws. Personal data may be given to Britam affiliated companies, third party service providers such as hospitals and / or medical providers with relation to setting up, administering your medical policy and claim services provided by us to you. You have a right to access the personal data that is held about you. You also have the right to amend or delete any information we hold about you if you believe that it is inaccurate or out of date.

### Marketing Consent

Britam may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I consent to being contacted in this way, for this purpose  Yes  No

I understand that where I have provided consent, I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

## 2. CONSENT & DECLARATION

I/We consent to Britam Insurance Company:

- i. Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my/our crop insurance policy and as permitted by law;
- ii. Collecting and sharing my/our personal data in accordance with the privacy statement on its website <https://www.britam.com>
- iii. Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of crop insurance and as permitted by law;
- iv. And/or its contracted Third parties contacting me via email/phone-call/SMS/post regarding insurance products and/or services.

I/We hereby declare the truth and correctness of all the statements and particulars entered in the Proposal and that I/we have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/We further declare that the amounts proposed for crop insurance represent the full value of the crops described. I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer, and I/we agree to abide by the terms and conditions of the POLICY to be issued.

**Proposer's signature:\*** \_\_\_\_\_

**Date\*:**       /       /