



Completing the Proposal Form
Please answer all questions in full leaving no blank spaces.
If you have insufficient space to complete any of your answer please attach a separate signed and dated sheet and identify the question number concerned

1. Name and Address of Applicant:

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.....
.....

2. Name & Location Garden

.....
.....
.....

3. Period of Insurance:

Dear.....To.....
.....12 noon local time

4. Details of the garden :

Trees	<i>EXTENSIVE GARDENS</i> Total Planted	Year Planted	Afd (Div)/Block	Number of plants per Ha	insured

5. Type plant Sela, Cover crops and Plant detector :

Plant Sela	Cover Crops	Plant detector



11. Estimates of financing the construction of the garden (the cost of the plant) in the present conditions:

Year :	Description	Cost / Ha
0	LC + CC + seed + plant + Caring	
1	Maintenance + Fertilization	
2	Maintenance + Fertilization	
3	Maintenance + Fertilization	
•	Maintenance + Fertilization	
•	Maintenance + Fertilization	
N	Maintenance + Fertilization	

12. The last 10 years of climate data :

Month	19 CH HH	19 CH HH	19 CH HH	19 CH HH	19 CH HH	19 CH HH	19 CH HH	19 CH HH	19 CH HH
JAN									
FEB									
MAR									
APR									
MEI									
JUN									
JUL									
AGS									
SEP									
OKT									
NOP									
DES									

Source :

13. Plan for new planting or expansion during the insurance period :

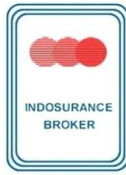
Month / Year	Activity	location of activities in accordance map	Broad

14. Notes losses during the last 5 years :

Type / Cause Harm	Location loss	Extensive damage	Value loss
Fire			
Animal attack			
Flood			
Hurricane			
Earthquake			
Volcanic explosions			
Riots / misconduct			
Heat / Drought			

15. Information on staff Garden (Min . 2 top level) :

Name	Position	Last education	Work Experience



16. Have your insurance request is rejected or canceled by the insurance company ?
If ever explain further .

17. Map of the estate in the form of :

- a) map showing the location of : the location and distance from the nearest large town garden .
- b) Maps showing the garden : areal division (AFD . / Div / Block) and the planting along extents respectively , roads / rivers / lorry garden path , lowly .



DECLARATION

The Undersigned authorized officer of the Principal Organization declares that to the best knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the Principal Organization, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the Principal Organization, acknowledge that the Statutory Notice contained herein has been read and understood.

Signed _____ Date _____

Title _____

Chairman of the Board or Managing Director Only

IMPORTANT

You are to disclose in this proposal form, fully and faithfully all facts you know or ought to know, otherwise the Policy hereunder may be void.