

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

Head Office: Plot 590, Zone A0, Central Area P.O. Box 3754, Garki, Abuja

www.naic.gov.ng Email: info@naic.gov.ng

PROPOSAL FORM FOR CROPS INSURANCE

PASSPORT PHOTOGRAPH

| | r/Agent: | ••••• | | 1 | Date: |
|--------|----------------------------------|-----------|--------------------------------|---------|---------------------------|
| 1(a) | Name of | | | | |
| Propo | | | | | |
| | (5 | Surna | me first) | | |
| (b) | Residential | | | | |
| addre | ss: | | | | |
| (c) | Permanent residential | | | | |
| addre | SS | | | | |
| (d) | Postal | | | | |
| addre | SS | | | | |
| (e) | Telephone Number | | email | | |
| addre | SS | | | | |
| (f) | | | | | |
| () | Business/Occupation: | | | | |
| | | | | | |
| (g) | Nationality | | Sex Marital | | |
| - | | | | | |
| (h) | Form of identification (tick): I | | | `ard | Driver's Licence Others |
| (speci | | .111.6111 | ationati assport Mational ID C | zaru | Driver's Licence Offices |
| (i) | Permanent/Temporary Resid | donoo | Darmit Number (for non | | |
| (1) | | | | | |
| | Nigerians) | ••••• | | | |
| 2 1 | | 3 | District/Community | 4 1 | |
| | ocation of Farm detailing in | 3 | District/Community | 4 [| ∟ocal Government Area: |
| k | ím nearest to the village or | | | | |
| t | own: | | | | |
| | | | | | |
| 5 5 | State: | 6 | Land area of the farm in | 7 | Area planted (in hectares |
| | | | hectares: | | |
| 8 T | ype of crop(s) planted and | 9 | Date(s) Planting: | 10. | Expected date(s) of |
| | Seed varieties used: | | (c) | Harv | esting: |
| | | | | | 5 |
| | | | | | |
| 11 | For the season commencing | | 20 and | d endii | าฮ |
| | 20 | ••••• | 20 | a crian | '6 |
| | Estimated Cost Input: | | | | |
| 12 | Latimated Coat Input. | | Amoun | + | |
| (| Stage 1 | | Amoun | ı | |
| • | 0 | | | | |
| | Land Clearing and Stu | uhius | S | | |

| 1 Note | (NAME IN FULL AND SIGN OR THUMB PRINT) (NAME IN FULL AND SIGN OR THUMB PRINT) : (Please sketch exact location of insured farm below or extra sheet) de a sketch map of farm illustrating: Landmarks such as boundaries, fire breaks, buildings, rivers roads, irrigation channels (if applicable), etc. Size of growing areas in hectares (designate each area with a separate letter for ease of identification). OFFICIAL USE ONLY REMARKS ON OTHER OBSERVATIONS AND CONDITIONS ed: Crop Specialist Approving Authority Branch Manager or Zonal |
|---------------------|--|
| Note Provid (1) | (NAME IN FULL AND SIGN OR THUMB PRINT) (NAME IN FULL AND SIGN OR THUMB PRINT) : (Please sketch exact location of insured farm below or extra sheet) de a sketch map of farm illustrating: Landmarks such as boundaries, fire breaks, buildings, rivers roads, irrigation channels (if applicable), etc. Size of growing areas in hectares (designate each area with a separate letter for ease of identification). OFFICIAL USE ONLY REMARKS ON OTHER OBSERVATIONS AND CONDITIONS ed: |
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| 1 | (NAME IN FULL AND SIGN OR THUMB PRINT) (NAME IN FULL AND SIGN OR THUMB PRINT) |
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| presc | |
| propo betwe | e the undersigned and being the applicant(s) declare that the answers/attachment I/We have supplied to the osal are correct in every respect and agree that this proposal shall be the basis of a contract of insurance een me/us and the Corporation and to accept the policy subject to the terms, exceptions and conditions wribed by the Corporation. |
| Unirri | gated: (Described rainfall pattern) |
| 13 | Irrigation: Give details: |
| | TOTAL INPUT |
| | ☐ Harvesting (Maturity) ☐ Miscellaneous |
| | ☐ Interest on Loan Stage 3 |
| | ☐ Transportation |
| | Stage 2 Weed Control Pest Control |
| | |