



POULTRY INSURANCE APPLICATION FORM

NAME INSURED: **PIN:**

ADDRESS: **TEL:**

MANAGER: **TEL:**

LOCATION OF FARM: **ROAD:**

LIVESTOCK DETAILS

POULTRY HOUSE ID	NO OF POULTRY	BREED	AGE(Years)	ESTIMATED MARKET VALUE (Ksh)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL				

*Always use the same currency as used in the insurance contract

LOSS EXPERIENCE IN THE PAST 5 YEARS

YEAR	LOSS DESCRIPTION	CAUSE AND VALUE OF LOSS
LAST YEAR		
2013		
2012		
2011		
2010		

*Always use the same currency as used in the insurance contract

DECLARATION

I/We hereby declare that the statements made by us in this questionnaire and proposal are true to the best of our knowledge and complete, and we hereby agree that this questionnaire and proposals forms the basis and is part of any policy issued in connection with the above risk(s), it's agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatever nature the insurers undertake to deal with this information in strict confidence.

Executed By..... Date.....Sign.....

**POULTRY VETERINARY HEALTH AND EVALUATION
(REPORT FORM)**

Insured Name: _____

Poultry House ID: _____ Breed: _____

Average Age: _____

OPINION

General Health:

Adherence to recommended disease control program

Housing suitability for poultry rearing

General comments

Estimated price at Maturity/ Marketing: Ksh

DECLARATION:

I declare and warrant that the above answers /information in every respect are true and correct and I have not withheld any relevant information relating to the health status of examined animal.

Executed by: _____ Date: _____

KVB Number _____ Signature _____

Stamp _____ Contacts: _____

