

QUESTIONNAIRE – CROPS

1. Data and general information about the insured

1.1. Name and address of the insured?

1.2. Type of crops to be insured?

1.3. Exact location (or GPS co-ordinates) of the farm?
(attach a map of the area and a plan of the farm)

1.4. Overall size of farm in ha?

1.5. Actually farmed land at the farm in ha?

1.6. Details on the surroundings?
(topography, population, number of similar farms in a 20 km range)

1.7. How long has the insured been in the current business?

1.8. In what year did the farm start its operations?

2. Farm management

2.1. Experience and qualification of owner/deputy

	Name	Qualifications	Additional training	No. of years on this farm
farm manager				
his deputy				

2.2. Experience and qualification of major staff

a) Management personnel

Name	Qualifications	Additional training	No. of years on this farm

b) Supervisory personnel

Name	Qualifications	Additional training	No. of years on this farm

c) Workforce overview (summary)

	Management	Supervisory	Security	General Worker	TOTAL
No. of persons					

3. The Farm

3.1. Name and address of the farm to be insured?

3.2. Topographical details?

Type	Waterside	Plain	Undulating	Hilly	Swampy	TOTAL
Hectares						

3.3. Soil types?

Type	Sand	Clay	Loam	Alluvial	Laterite	Peat	TOTAL
Hectares							

3.4. Crops grown?

Crop type & variety					Total 1
Age*					--
Hectares					

Crop type & variety					Total 2
Age*					--
Hectares					

Total 1 + 2

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(*: the crop age is only relevant for perennial crops)

(copy table under 3.4 in case you should required more space)

3.5. Surroundings of the farm?

(Provide a detailed map showing access roads, river, canals, lakes, forest other crops, etc. on a separate document)

3.6. Distance between farm and bordering grass (a), land or forest (b) and to next farm (c)?

a)

b)

c)

3.7. Are there any drainage and irrigation schemes within the farm perimeter?

(If yes, provide detailed map, describe the system used and indicate water source)

3.8. Is any part of the farm susceptible to flooding?

(If so, give information on flooding history during the last 10 years.)

3.9. Give an overview of your machinery park?

(major machinery, type and age summarized in a table

Attach table.

3.10. Planting and harvesting methods and facilities for major crops grown?

(machinery, labour and contractors involved)

- planting :

- harvesting :

3.11. How long has the proposer been in farming business?

3.12. Is the farm manned for 24 hours, seven days a week?

(e.g. insured or staff lives on farm, security personnel employed)

3.13. Do you own any other farms which are not proposed for insurance hereby?

(If yes, state size, type of farming and location)

3.14. Are there any governmental support or grants involved in your farming operations?

(If yes, provide details)

3.15. Please, supply some photographs of the farm if available!

4. Crops to be Insured

	Crop a:	Crop b:	Crop c:
Variety			
Vegetative period (dates of planting/harvesting)			
Hectares (ha)			
Age (for perennials only)			
Planting distance (in & within the row)			
No. of plants/ha			
Input Costs / ha*			
Annual production (in metric tons)			
Sales value of crop (value/metric tons)*			
Markets supplied (local or export)			
Sum Insured*			

*: always use the same currency as used in the insurance contract

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5. Insurance Aspects

5.1. Loss experience over the last 10 years?

Year	Crop(s)	Area planted (ha)	Area destroyed (ha)	Causes (perils)	Value of Loss*

*: always use the same currency to be used in the insurance contract

5.2. What do you consider to be the biggest threat to your crops?

5.3. Were the crops insured in the past? If yes, state the reason for ending.

(Provide details on perils covered, deductibles, rate, loss adjustment and results)

5.4. Particulars of other insurance effected in respect of the crops proposed for this insurance?

5.5. Had any insurer refused to insure or renew or asked for higher premium or cancelled any insurance on any of the farm proposed for insurance?

(If so, please provide details on perils covered, sum insured, name of insurer and reasons for ending.)

5.6. Is there any active risk management implemented on the farm?

(special varieties planted, contour farming, windbreaks, irrigation etc.)

5.7. Tick or list perils you would like to have covered?

- hail
- fire, lightning
- flood
- frost
- windstorm
-
-
-
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6. Declaration

I/we declare and warrant that the above answers/information in every respect are true and correct and I/we have not withheld any information likely to affect the acceptance of this proposal.

Date & Place: _____

(Signature of Proposer(s))