



The UNITED INSURANCE COMPANY OF PAKISTAN LTD.

Head Office: Nizam Chambers, Shahrah-e-Fatima Jinnah, Lahore
 Tel: 042-36361471, 36315091, 36371420, 36311078
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PROPOSAL FORM FOR CROP CATASTROPHE INSURANCE

BANK / BRANCH NAME: _____ BRANCH CODE: _____

New Renewal Please Tick in the Box (if renewal attach previous Insurance Policy copy)

D. D. issue infavour of: **The UNITED INSURANCE COMPANY OF PAKISTAN LTD.**

Credit in Bank / Branch Name: _____ Account No.: _____

Borrower / Father, Name: _____ C.N.I.C. No.: _____
 (As per CNIC)

Address: _____

_____ Borrower Loan Account No.: _____ Date of Loan Granted: _____

FOR CROP SCHEME:

D. D. No.:	D. D. Date:	D. D. Amount:	Period of Insurance from _____ to _____
Name of Crop:	Covered Area of Crops:	Khasra No. / Khotooni No.:	
Amount of Loan Sanctioned / Sum Insured:	Loan Disbersment Date:	Premium Amount:	
Proposal / Sowing Crop:	Number of Acres Sowing:		

Attached Copy of National Identity Card.

1. The Bank and the above borrower (s) hereby apply to The United Insurance Co. of Pak. Ltd., for insurance of the said amount subject to the definitions, terms, conditions and exclusions of the Crop Insurance Policy under the scheme.
2. The Bank warrants that the statements made in this proposal are true to the best of their knowledge and declare that no information material to the Insurance has been withheld/ignored.
3. This proposal shall form the basis of the contract for crop Insurance under this policy.
4. The policy to this affect will be issued in the joint name of the borrower and the Bank and the payment of any claim under the policy will be made by The United Insurance Co. of Pak. Ltd., to the Bank.