

**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 of the farm or GPS co-ordinates   |  |
| 1.4 | Overall size of farm in hectares   |  |
| 1.5 | Actually farmed land at the farm in ha   |  |
| 1.6 | Details on the surroundings?<br>(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 & workforce**

**2.1 Experience and qualification of farm management & supervisors**

| Position     | Full Name | Qualifications | Additional training | Years on this farm |
|--------------|-----------|----------------|---------------------|--------------------|
| Farm Manager |           |                |                     |                    |
|              |           |                |                     |                    |
|              |           |                |                     |                    |
|              |           |                |                     |                    |
|              |           |                |                     |                    |
|              |           |                |                     |                    |

**2.2 Workforce overview**

|                    | Directors/<br>Owners | Management | Supervisor | Security | General<br>Worker | Total |
|--------------------|----------------------|------------|------------|----------|-------------------|-------|
| Name of<br>persons |                      |            |            |          |                   |       |

**3. The Farm(s)**

**3.1 (a) Names and addresses of the farm to be insured**

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Add more

**3.1 (b) Names and addresses of the farm buildings to be insured**

Name of Farm .....

Location .....

| Type of Building | Nature of Construction | Roof Type | Usage | Rebuilding Cost US\$ |
|------------------|------------------------|-----------|-------|----------------------|
|                  |                        |           |       |                      |

Add more .....

### 3.2 Topographical details

| Type      | Waterside | Plain | Undulating | Hilly | Swampy | TOTAL |
|-----------|-----------|-------|------------|-------|--------|-------|
| Size (Ha) |           |       |            |       |        |       |

### 3.3 Soil types

| Type      | Sand | Clay | Loam | Alluvial | Laterite | Peat | TOTAL |
|-----------|------|------|------|----------|----------|------|-------|
| Size (Ha) |      |      |      |          |          |      |       |

### 3.4 Crops grown

| Crop type & variety |           |  |  |  | TOTAL |
|---------------------|-----------|--|--|--|-------|
| 1.                  | Age       |  |  |  |       |
|                     | Size (Ha) |  |  |  |       |
| 2.                  | Age       |  |  |  |       |
|                     | Size (Ha) |  |  |  |       |
|                     |           |  |  |  |       |
|                     |           |  |  |  |       |
|                     |           |  |  |  |       |
|                     |           |  |  |  |       |
|                     |           |  |  |  |       |
|                     |           |  |  |  |       |
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|                     |           |  |  |  |       |
|                     |           |  |  |  |       |
|                     |           |  |  |  |       |
|                     |           |  |  |  |       |

(\*: Age of crop if perennial crop)

**3.6 Surroundings the farm?**

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

.....

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

a) .....

b) .....

c) .....

**3.8 Are there any drainage and irrigation schemes within the farm perimeter?**

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

.....

**3.9 Is any part of the farm susceptible to flooding?**

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

.....

**3.10 Give an overview of your machinery park?**

(major machinery, type, replacement value in US\$, and Date purchased, summarized in a table

Attach table.

| Name of plant or machinery | Date purchase | Supplier | Replacement Value |
|----------------------------|---------------|----------|-------------------|
|                            |               |          |                   |
|                            |               |          |                   |
|                            |               |          |                   |
|                            |               |          |                   |
|                            |               |          |                   |
|                            |               |          |                   |
|                            |               |          |                   |
|                            |               |          |                   |

**3.11 Planting and harvesting methods and facilities for major crops grown?**  
(machinery, labour and contractors involved)

- planting : .....

- harvesting : .....

**3.12 How long has the proposer been in farming business?**

.....

**3.13 Is the farm manned for 24 hours, seven days a week?**  
(e.g. insured or staff lives on farm, security personnel employed)

.....

**3.14 Do you own any other farms which are not proposed for insurance hereby?**  
(If yes, state size, type of farming and location)

.....

**3.15 Are there any governmental support or grants involved in your farming operations?**  
(If yes, provide details)

.....

**3.16 Please, supply some photographs of the farm if available!**

#### 4. Crops to be Insured

| DESCRIPTION                                | Crop A | Crop B | Crop C |
|--|--------|--------|--------|
| Variety                                    |        |        |        |
| Dates of planting & harvesting             |        |        |        |
| Size (Ha)                                  |        |        |        |
| Age<br>(for perennials only)               |        |        |        |
| Plant spacing                              |        |        |        |
| No. of plants per ha                       |        |        |        |
| Input Costs per ha/                        |        |        |        |
| Annual production<br>(in metric tons)      |        |        |        |
| Sales value of crop<br>(value/metric tons) |        |        |        |
| Markets supplied<br>(local or export)      |        |        |        |
| Sum Insured                                |        |        |        |

**5. Insurance Aspects**

**5.1 Loss experience over the last 3 years**

| Year | Crops | Area planted (ha) | Area destroyed (ha) | Causes (perils) | Value of Loss |
|------|-------|-------------------|---------------------|-----------------|---------------|
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |
|      |       |                   |                     |                 |               |

**5.2 Give the historical yields achieved by the crop to be insured over the past 3 years in the table below:**

| Year | Crops | Area planted (ha) | Quantity of Harvest (Kilogram) |
|------|-------|-------------------|--------------------------------|
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |
|      |       |                   |                                |

**5.3 What do you consider to be the biggest threat to your crops?**

.....

**5.4 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)

.....

**5.5 Particulars of other insurance effected in respect of the crops proposed for this insurance?**

.....

**5.6 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.)

.....

**5.7 Is there any active risk management implemented on the farm?**  
 (special varieties planted, contour farming, windbreaks, irrigation etc.)

.....

**5.8 Tick or list perils you would like to have covered?**

- hail
- fire, lightning
- flood
- frost
- windstorm
- Transit
- Plant and machinery
- Keyman Insurance (Stated Benefits Personal Accident)

| Name | Date of Birth | Sex | Occupation | Sum Insured (US\$) |
|------|---------------|-----|------------|--------------------|
|      |               |     |            |                    |
|      |               |     |            |                    |
|      |               |     |            |                    |
|      |               |     |            |                    |



- Staff personal accident

| Name | Date of Birth | Sex | Occupation | Sum Insured (ZWL\$) |
|------|---------------|-----|------------|---------------------|
|      |               |     |            |                     |
|      |               |     |            |                     |
|      |               |     |            |                     |
|      |               |     |            |                     |
|      |               |     |            |                     |

-Staff Burial Assistance-Funeral scheme (EcoSure Rider)

| Name | ID Number | Date of Birth | Sex | Econet Mobile Phone Number | Occupation | Sum Insured (US\$) |
|------|-----------|---------------|-----|----------------------------|------------|--------------------|
|      |           |               |     |                            |            |                    |
|      |           |               |     |                            |            |                    |
|      |           |               |     |                            |            |                    |
|      |           |               |     |                            |            |                    |
|      |           |               |     |                            |            |                    |

-Staff Hospital cash plan (EcoSure Rider)

| Name | ID Number | Date of Birth | Sex | Econet Mobile Phone Number | Occupation | Sum Insured (US\$)/Person |
|------|-----------|---------------|-----|----------------------------|------------|---------------------------|
|      |           |               |     |                            |            |                           |
|      |           |               |     |                            |            |                           |
|      |           |               |     |                            |            |                           |
|      |           |               |     |                            |            |                           |
|      |           |               |     |                            |            |                           |

## 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 .....

### **ECONET INSURANCE BANKING DETAILS**

Account Name: Econet Insurance (Pvt) Limited  
Branch Jason Moyo Branch  
Account Number: 11990314928  
Account Type: Nostro Domestic FCA

### **Correspondent Banking Details**

United States Dollars (US\$)  
Beneficiary Bank Name: Nedbank Zimbabwe Ltd  
Beneficiary Customer Name: Econet Insurance (Pvt) Ltd  
Beneficiary Account No: 11990314928  
Swift Code: MBCAZWHX  
Intermediary Bank: Standard Chartered Bank  
Swift Code: SCBLUS33