



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

AGRICULTURE AND FARMING QUESTIONNAIRE TO BE USED FOR AGRICULTURE / HORTICULTURE

TO BE FILLED BY THE APPLICANT

Name of the Insured _____
Application Number _____

PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

A. Please share details of Land Holding:

Total Land Area: _____ Acres Hectares Bighas Others (specify): _____
Total Land Area under Cultivation: _____ Acres Hectares Bighas Others (specify): _____

Where is the Land situated?

Survey No.: _____

Village: _____ Town: _____ Taluka: _____

District: _____ State: _____

Since how many years land is under cultivation: _____

B. Land ownership:

1. Land not owned but only cultivated by me. (Please specify Income and I or Income Sharing Formula, Percentage details):

If yes, please provide below name of the owner, address of owner, share the document, if available.

2. Solely owned by me. Please specify if the income generated is required to be shared with others: If Yes, specify the details:

3. Jointly owned. Yes No

If yes, please provide details of:

- Area of share of land owned by me (specify area of land): _____
- % of share owned by me: _____
- Number of owners of the land: _____
- Relationship with the shared land owners: _____

Details of Crops/Fruits/Vegetables grown:

| Sr. No. | Crop Name | Area under cultivation | Season of crop grown | No. of times the crop is grown in a year | Yield of crop* | Market value of the crop |
|---------|-----------|------------------------|----------------------|--|----------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Unit = Quintal / Ton / Number (e.g. Number of Fruits etc.)

4. Working as labour: Yes No

If yes, what is the daily wage: ₹ _____

5. Number of Days in a year when Daily Wage is Earned? _____

- D. Water source for farming: Rain water Well water Tank water Canal water Perennial canals irrigation
 Other (Please specify): _____
- E. Does the land under cultivation have continuous water supply: Yes No
- F. Has there been droughts/floods/any other natural calamity in the past 3 years which affected your yield? Yes No
- G. Farm equipment used for farming: Traditional ploughing Tractor Other (Please specify): _____
- H. Where do you sell your proceeds?
 Directly to the Government Private Public Limited Co. Mandi Open market Co-operative Societies Exports
 Middlemen - brokers Agents
Please provide details of the Organisation/Department/Name of the market:
Name: _____ Registration No.: _____
Address: _____
- I. Do you have livestock, Yes No
If yes, please specify type and how many livestock, breed you presently hold, if known? (for Cattle, Goat, Poultry)
Details: _____
- J. Whether any loan availed for Agriculture or Farming: Yes No
• Name of Bank / Institution: _____
• Amount of Loan: _____
• Duration of Loan: _____
• Frequency of payment: _____
• Outstanding amount: _____
- K. Sources of all income:
• Share of Agricultural income from one's own land: ₹ _____
• Contract farming of other's land: ₹ _____
• Livestock farming like poultry farming, pig farming, sheep husbandry, fish farming, silk farming etc.: ₹ _____
• Dairy farming: ₹ _____
• Others (specify details): ₹ _____
• Total Income from all sources: ₹ _____
- L. Do you file Income Tax: (Yes No), Wealth Tax: (Yes No), PropertyTax: (Yes No)
- M. Do you hold below poverty line Ration Card / Family Card: Yes No
- N. Whether you and / or your family is availing any subsidiary benefits provided by the government: Yes No

Please provide 7/12 extracts of owned land along with Mandi Receipts/Patwari Book/Tehsildar's Certificate and / or other supportive documents along with this questionnaire.

Date: _____

Signature of Insured

VERNACULAR DECLARATION

In case the Proposed Insured / Applicant affixes a thumb impression or signs in Vernacular.

I _____ holding _____ (ID card type) with number _____ (ID card number) hereby declare that I have explained the contents of this declaration to the Proposed Insured /Applicant in _____ language and that the Proposed Insured I Applicant has affixed his / her signature thumb impressions after fully understanding the contents thereof.

Place: _____

Date: _____

Signature of Insured