



স্বাধারণ বীমা কর্পোরেশন

SADHARAN BIMA CORPORATION

সাধারণ বীমা ভবন ৩৩, দিলকুশা বা/এ, ঢাকা-১০০০।

www.sbc.gov.bd

WEATHER INDEX BASED CROP INSURANCE POLICY PROPOSAL FORM

Policy No.....

Details of cultivator:

Name of the proposer		
Trade or profession of the insured		
Address of Insured		
Contact Person		Contact no:
Project location		
Referred Weather Station		

Details of the Crop(s) proposed for insurance:

Crop	
Land area (in acre)	
Season	
Dag	
Khatiyon	
Mouza	
Union	
Block (If any)	
GPS Location (if Any)	
Bank	
Bank Account No.	
Period of Insurance	
Sum Insured/Limit of Liability	

Agent Details (If Any):

I/we hereby declared that the above information is correct and I/we agree that the Proposal shall be the basis of contract between me /us and the name of the insurance company.

Seal & Signature of the Bank.....	Seal & Signature of the Proposer.....
Date.....	Date.....