



**SALAM TAKAFUL INSURANCE COMPANY LIMITED**

65, IBRAHIM TAIWO ROAD, KANO

Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)

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Affix Passport Photograph

**POULTRY TAKAFUL PROPOSAL FORM**

**Instruction:** Use (✓) where appropriate.

**NOTE:** Anyone who assists the applicant to complete an application or proposal for Takaful shall be deemed to have done so as the agent of the applicant.

**Broker/Agent:**

**Date:** \_\_/\_\_/20\_\_ (dd/mm/yyyy)

**PART A: PROPOSER DETAILS**

Name of Proposer:

Address:

Telephone Number:  Email address:  Occupation:

Nationality:  Sex:  Marital Status:

Form of identification: International Passport  National ID Card  Driver's License  Others:

Permanent/Temporary Residence Permit Number (for non-Nigerians):

**PART B: POULTRY DETAILS**

Location of Farm detailing in Km nearest to the village or town:

District/Community:  Local Government Area:  State:

Pen Area (sq Metres):  Area stocked (sq. Metres):  Stock Population:

Class of poultry: Chick  Duck  Turkey  Others:

Type of stock: Broilers  Layers  Others:

Rearing System: Battery  Deep Litter  Free Range  Type of Feeds: Commercial  Compounded on farm

Source of water: Tap  Well/Borehole  Others:

**PART C: FINANCE DETAILS**

Estimated cost of Production:

| Description                      | Amount(₦) |
|----------------------------------|-----------|
| Cost of Chick                    |           |
| Feeds                            |           |
| Vaccinations                     |           |
| Medication                       |           |
| Labour (Poultry Attendant)       |           |
| Utilities and Miscellaneous item |           |
| Interest on Loan (if any)        |           |
| <b>Total Input: ₦</b>            |           |

Finance: Self  Loan  Others:

Authorized and Regulated by:



Member of:



**PART D: OTHER DETAILS**

Any loss on the farm before? Yes  No

Period of Cover: From  20\_\_ To  20\_\_

Contribution Payment Method: Cash  Cheque  Fund Transfer

Are there any additional facts likely to affect the proposal which should be disclosed to the Takaful Operator? Yes  No

If Yes, State details:

**PART E: TAKAFUL SPECIAL CLAUSE**

The Takaful Contribution payable under this policy shall be subject to the principles and practices of donation(Tabarru'), agency with fees (Al-Wakalah Bil Ujah), profit sharing(Al-Mudarabah) and performance fee(Al-Jualah) as follows:

- i. The participant shall agree that the agreed Takaful Contribution is made as donation to be credited into the General Takaful Fund for the purpose of solidarity and cooperation among the participants.
- ii. The Takaful Operator shall deduct 40%(forty percent) of the Takaful Contribution stated in the schedule that the participant has paid or undertaken to pay based on the principle agency with fees and the balance thereof shall be credited into the General Takaful Fund for the Takaful Operator to manage the General Takaful Fund including its investment, in conformity with the ruling of Shari'ah as determined by ACE and other guiding laws.
- iii. The Takaful Operator shall deduct 20%(twenty percent) of the investment return in accordance with the principle of Profit Sharing and the balance shall be credited to the General Takaful Fund.
- iv. The Takaful Operator shall deduct 20%(twenty percent) of the net surplus of the General Takaful if any in accordance with the principle of performance fee and in the same manner, the balance of 80%(eighty percent) shall be distributed to the participant provided always that the participant has not incurred any claim or received Takaful benefits under the Policy whilst it is in force. The said surplus may be derived after deducting Takaful expenses such as claims, Retakaful and reserve.

The basis of determining the Surplus shall be provided by the following:

- The Participant Risk Fund is not in deficit
  - It will be in accordance with the standard guidelines applicable to insurance.
  - Any surplus to be distributed is recommended by the Fund Actuary and approved by the Takaful-Insurance Operator's Board of Directors
  - Written approval of the Commission must be obtained.
- v. The Takaful Operator shall manage the General Takaful Fund on behalf of the Participant based on the terms and conditions of the Takaful Policy.
  - vi. The Surplus arising from the General Takaful Fund is not guaranteed and will be based on the Fund's actual experience and will first be applied to settle any loan(Qard) owing to the Takaful Operator.
  - vii. In case of deficit of the General Takaful Fund, the Takaful Operator shall extend a loan(Qard) to the General Takaful Fund and the money will be recovered by the Takaful Operator from the General Takaful Fund in the subsequent year(s).
  - viii. This Takaful does not cover and is not intended to cover Business, Assets, Property or Liability or Pecuniary interests, Materials, Stock, Cash or any other Financial Instruments, and/or Liability or Pecuniary Interest whatsoever arising from such, of any nature, whether be it temporary or permanent, if at any time after inception of the policy the Takaful Operator find such property or liability or pecuniary interest not approved by the Takaful Operator's Advisory Council of Experts or NAICOM Takaful Advisory Council. In any such case, the Takaful Operator shall reserve the right to cancel this policy and refund any contribution received in respect thereof.
  - ix. The Takaful Operator has picked the 'selected method' of surplus distribution: If a participant is paid a claim in respect of his covered property or interest, that participant will not be allowed to share in the participants' surplus irrespective of whether such claim is higher or lower than the amount of contribution paid.

Authorized and Regulated by:



Member of:



**PART F: DECLARATION**

I/We the undersigned and being the applicant(s) declare that the answers/attachments I/We have supplied to the proposal/questionnaire are correct in every respect and agree that this proposal shall be the basis of a contract of Takaful between me/us and the operator and to accept the policy subject to the terms, exceptions and conditions prescribed by the Operator. Furthermore, I/We shall undertake to abide by the recommended rearing practices for the covered animal and agree that any false statement or misrepresentation made by me/us in this proposal shall be ground for repudiation of my/our claim.

1. \_\_\_\_\_

(Name in Full and Signature/Thumb Print)

2. \_\_\_\_\_

(Name in Full and Signature/Thumb Print)

Provide a sketch map of farm illustrating:

1. Landmarks such as boundaries, fire breaks, buildings, rivers roads, irrigation channels (if applicable), etc.
2. Location of housing and structures on the farm.

**Notes:**

**Minimum Loss to Attract Claim: In order to qualify for indemnity under this policy. The following minimum loss must have been incurred:**

- a. Broilers - Above 10 % of total stock.
- b. Layers - Day Old to 8 weeks, above 10 % of total stock: 9 weeks to 72 weeks, above 10 % of total stock.
- c. Breeding Birds: Above 10 % of total stock

The Participant shall be responsible for the minimum loss(Mortality) on each and every claim.

**EXCESS CLAUSE: In the event of any loss for which the operator is liable, the participant shall be responsible for 10 % of each and every claim.**

**NO CLAIM DISCOUNT(NCD): Contribution on renewal may be reduced by 5% after a claim free year.**

FOR OFFICIAL USE ONLY

Remarks:

Signature: .....

Poultry Specialist

Signature: .....

Approving Authority

Date: .....

Authorized and Regulated by:



Member of:





### **POULTRY PROPOSAL UNDERTAKING**

|  |                      |                       |                      |
|--|----------------------|-----------------------|----------------------|
| <b>Name of Proposer:</b>               | <input type="text"/> |                       |                      |
| <b>Address:</b>                        | <input type="text"/> |                       |                      |
| <b>GSM No(s):</b>                      | <input type="text"/> | <b>Farm Location:</b> | <input type="text"/> |
| <b>Proposal/Policy No:</b>             | <input type="text"/> |                       |                      |
| <b>Class of Poultry/Type of Stock:</b> | <input type="text"/> |                       |                      |
| <b>Stock Population:</b>               | <input type="text"/> |                       |                      |
| <b>Sum Insured(N):</b>                 | <input type="text"/> |                       |                      |
| <b>Premium:</b>                        | <input type="text"/> |                       |                      |
| <b>Agency:</b>                         | <input type="text"/> |                       |                      |

In addition to the Policy terms, exceptions and conditions prescribed by the Takaful Operator as stated in our Poultry Policy, the participant should undertake to avail us and agree with the following: -

- i. Forward to Salam Takaful Insurance monthly mortality record on monthly basis together with post mortem report and photographs of dead birds for the period/month.
- ii. Any claim of loss not recorded and verified through the submitted monthly mortality record to Salam Takaful Insurance will not be considered for indemnity.
- iii. Report to Salam Takaful Insurance any outbreak of diseases or losses within the stipulated period of 24-48 hours of the occurrence of the perils.

I/We the undersigned and being the applicant(s) agree to accept the above conditions and any other condition as stated in the policy subject to the terms, exceptions and conditions prescribed by the Takaful Operator, and any violation of such conditions will lead to the repudiation of claim of loss submitted to the Takaful Operator.

1. ....

**NAME & SIGNATURE**

2. ....

**NAME & SIGNATURE**



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Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)Email: [info@salamtakafulinsurance.com](mailto:info@salamtakafulinsurance.com)**VETENARY HEALTH CERTIFICATE**

Date of Inspection: \_\_/\_\_/20\_\_ (dd/mm/yyyy)

Name of Client: Address: Telephone Number:  Email address:  Occupation: District/Community:  Local Government Area:  State: Name of the Farm: 

Type of Animals/Poultry in the farm. (Categorise into class, age and numbers):

| CLASS OF ANIMALS/POULTRY | AGE OF ANIMALS/POULTRY | TOTAL NUMBER OF ANIMALS/POULTRY | TOTAL NUMBER PRESENTED FOR EXAMINATION (INSURANCE) |
|--------------------------|------------------------|---------------------------------|--|
|                          |                        |                                 |  |
|                          |                        |                                 |  |
|                          |                        |                                 |  |
|                          |                        |                                 |  |
|                          |                        |                                 |  |
|                          |                        |                                 |  |

Source of animals - Specify whether they were procured from open market or from own source, i.e. hatchery incase of poultry and herd incase of cattle/sheep: Housing - specify whether they have been provided with sheds/stables of houses (battery cages/deep-litter incase of poultry): Peripheral fencing of the farm - specify whether this has been provided please: Movement of the public in and out the premises. Controlled  Not Controlled  Entry Gate: Present  Not Present 

Routine Medication and Vaccination:

a.

| TYPE OF VAC.AND SOURCE (FOREIGN OR LOCAL) | NUMBER VACCINATED | AGE OF BIRDS/ANIMALS | SOURCE OF VACCINES | DATE OF VACCINATION | REMARKS |
|---|-------------------|----------------------|--------------------|---------------------|---------|
|   |                   |                      |                    |                     |         |
|   |                   |                      |                    |                     |         |
|   |                   |                      |                    |                     |         |
|   |                   |                      |                    |                     |         |
|   |                   |                      |                    |                     |         |
|   |                   |                      |                    |                     |         |

Authorized and Regulated by:

Member of:



| b. | PROPHYLACTIC MANAGEMENT                                | NUMBER ADMINISTERED | DATE OF ADMINISTRATION | REMARKS |
|----|--|---------------------|------------------------|---------|
|    | Deworming  |                     |                        |         |
|    | Ectoparasitic control                                  |                     |                        |         |
|    | Debeaking/Dehorning                                    |                     |                        |         |
|    | Other routine medication (Please specify):<br>1.<br>2. |                     |                        |         |

**HEALTH STATUS**

After your thorough clinical examination of the animals/poultry and opinion formed thereafter. Please comment as appropriate:

|  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| Physical Examination (Presence of Ectoparasites) | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Clinical Examination                             | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Nutritional Status                               | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| General Condition of the Animals/Poultry         | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
|  | Behaviour                       | Behaviour                         |

Please comment in respect of any previous disease outbreak with particular emphasis on losses and measures taken to contain the situation:

Based on the examination are the animals/poultry fit for insurance purposes:

Those present during the veterinary inspection exercise

- a) .....
- b) .....
- c) .....
- d) .....

Name of reporting veterinarian: .....

Vet. Council of Nigeria Reg. No: .....

Year of graduation: .....

Signature with official stamp: .....

Date: .....

Authorized and Regulated by:



Member of:

