

# **RABBIT INSURANCE**

## **1. APPLICABILITY**

All breeds of rabbits in India

## **2. AGE GROUP**

Under the age group of 3 months to 3 years till they complete the age of 30 days, is not covered.

## **3. IDENTIFICATION**

Leg bands/Ear Tagging/Tattooing.

## **4. SCOPE OF COVER**

Death of rabbits due to accident and/or diseases contracted during the period of insurance.

## **5. EXCLUSIONS**

### **(A) Common exclusions**

As per Cattle Market Agreement.

### **(B) Specific exclusions**

1. Transport by air and sea
2. Permanent and partial disablement of any nature
3. Pasteurellosis
4. Culling
5. Cannibalism, intentional slaughter
6. Undergrowth
7. Myxomatosis. This disease is covered if the rabbits are successfully inoculated and necessary Veterinary Cert. Is supplied to the company.
8. Coccidiosis. This disease is covered if suitable and effective coccidiostats are administered in food or water

## **6. VALUATION AND SUM INSURED**

Valuation should be done by a qualified veterinary surgeon at the time of proposing the insurance. The sum insured will be 100% of market value. Insured is to be compensated on 70% indemnity basis. A valuation table indicating the value of rabbits from three

months onwards to 4 years as certified by veterinary surgeon should be submitted to the company.

#### **7. RATE OF PREMIUM**

For Non-IRDP-4 to 7% p.a. rabbits used for furs should be rates high. For IRDP & other scheme animals 2.75% p.a.

#### **8. VETERINARY EXAMINATION**

A veterinary certificate showing the following details is necessary for acceptance of risk:-

- ( a ) Type of rabbits (pure/hybrid etc.)
- ( b ) Age
- ( c ) Identification
- ( d ) Details regarding housing, light, ventilation, temperature, insulation, floors, feeders, water and sanitation
- ( e ) Vaccination particulars
- ( f ) Condition of health
- ( g ) Type of feed used and source

Note : Fresh veterinary examination is not necessary in case of renewal provided the renewal is made on or before the expiry date of the policy.

#### **9. CLAIMS PROCEDURE**

In the event of death, the following should be submitted.

- (a) Duly completed claim form.
- (b) Veterinary Death Certificate giving reason for death/outbreak.
- (c) Postmortem report if required by the company.

#### **10. SALVAGE**

A salvage value of Rs.10/-per rabbit to be deducted at the time of claim.

#### **11. AGENCY COMMISSION : 15%**

## The Oriental Insurance Company Limited

Regd. & Head Office : Oriental House, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002.

### RABBIT INSURANCE

#### PROPOSAL FORM

1. Name of the Insured Farm : \_\_\_\_\_
2. Address : \_\_\_\_\_
3. Name of the Insured : \_\_\_\_\_
4. Name of the financing Bank : \_\_\_\_\_
5. Details of the insured rabbits : \_\_\_\_\_

Age	Colour	Sex	Breed	Identification No.	Purchase				Sum Insured	Premium
					Date	Age	Source	Value		
1	2	3	4	5	6	7	8	9	10	11

6. Purpose for which reared :
  - a) Expected Age of disposal in each type : \_\_\_\_\_
  - b) Value of rabbit at different ages : \_\_\_\_\_  
(week-wise upto 3 months and month-wise thereafter)
  - c) Expected No. of additions and sale during policy period : \_\_\_\_\_
7. Housing : \_\_\_\_\_
  - a) Type of housing : \_\_\_\_\_
  - b) Type of rearing : \_\_\_\_\_ : Cage/on ground
8. Equipment : \_\_\_\_\_
  1. No. of feeders : \_\_\_\_\_
  2. No. of waterers : \_\_\_\_\_
  3. Other equipments : \_\_\_\_\_
9. Veterinary Service/Management : \_\_\_\_\_
  - a) Is there any qualified veterinarian attached to the farm : YES/No
  - b) His name and address : \_\_\_\_\_
  - c) If no whose services were availed name and address : \_\_\_\_\_
  - d) Who is staying in the farm premises permanently : \_\_\_\_\_





- 13. Are the Rabbits insured elsewhere?  
Are you receiving compensation from any other source? If so, from whom?
- 14. What steps were taken by you after the disease was noticed to prevent the same?
- 15. When was premium paid?

I/We, the abovenamed do hereby to the best of my/our knowledge and belief warrant of foregoing statement in every respect and affirm that proper treatment and care was given rabbits. I/We agree that if I/We have made or in any further declaration the Company may in respect of the said accident shall make any false statement or any suppression or concealment Policy shall be void and all right to recover thereunder in respect of past or future accidents forfeited.

Signature of Insured

Date :

Place :

Witness : 1. ....

2. ....