

Farm Venture

Insurance Agency

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Questionnaire – Horticulture & Floriculture

FARM/FARMER PARTICULARS

1. Name _____
2. Address _____ Tel.No. _____ Email _____
3. PIN Number _____ ID Number _____
4. Location of the farm _____
5. Experience and Qualification of personnel, number of staff regularly and /or seasonally employed

	Name	Qualifications	No. of years on Farm
Owner			
Farm Manager			

Total Number of staff _____

6. Description of the Fields

	Crop Type	Variety	Acres	Plant Density Plants/Acre	Cost of production Per Acre/Season	Planting Date	Crop Age at first Pick(Months)	Length of Harvest(Months)	Expected Yields/Acre Per Season(Kgs)	5 Year Average Production(kgs/Acre)	Sale Price Per kg(Ksh)
1											
2											
3											
4											
5											

*for flower production, use the greenhouse declaration forms

7. Cost of production

	Input/Item	Description e.g. Rate/acre	Cost/Acre(Ksh)
1	Land Lease		
2	Plough		
3	Planting		
4	Seed		
5	Fertilizer(Planting & Topdress)		
6	Chemicals		
7	Harvesting		
8	Other		
	Totals		

Declaration

I/we declare and warrant that the above answers/information in every respect is true and correct and I/we have not withheld any information likely to affect the acceptance of this proposal.

Signature _____ Date _____