

**PROPOSAL FORM -  
BANKER'S INDEMNITY - SOOKSHMA UDYAM**



**Registered and Corporate Office :** 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063. Email : contactus@universalsampo.com

**Important:**

These are the minimum requirements to be furnished by You. We may seek any other information as desired for underwriting purposes.

1) Please tick the boxes wherever applicable. Please fill in CAPITALS. 2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. 3) All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover. 4) All fields are mandatory.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

**Insured Details**

1. Name of Proposer			
2. Address of Proposer			
3. Name of Person to whom the policy has to be dispatched	Telephone No:	Mobile No.	
	Fax No.	Email	
	4. Address Proof: Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>		
5. CKYC No:			

I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.

6. Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with _____ Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>
---

Are you a Politically Exposed Person? Yes  No

(Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")

7. Period of Insurance:	From	To
8. Occupation/ Business Activity		
9. Paid Up Capital		

State the total number of	At the beginning of current financial year	
i) Employees (officers, clerks and sub staff) whether permanent or temporary, whole time or part time on contract or otherwise including apprentices		
ii) Appraisers, Janta Agents Chhoti Bachat Yojna Agents, Pigmy collectors and other persons performing duties of a like nature	Company	_____
	Period of Insurance	_____
	Limit of Cover	_____
State the total No. of branches in India and abroad existing at present	India	Aboard
	Total	
Are you at present insured under a Bankers Indemnity Policy? If so, state the name of the company and the amount and period of Insurance		
Have you made a proposal for Insurance of this nature to any Insurance company? If so with what result?		
Has any proposal for insurance of this nature been declined by any company in the past?		
Has any Policy been cancelled or renewal there of refused? If so, provide details.		

**Details of the location to be covered under the policy (You could attach a list of all branches separately)**

Sr. No.	Risk location Address	District	Pin Code	Occupancy		Construction	
				Own/ Rented	Any Basement Exposure	Wall	Roof
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No		

Construction: Wall/Roof (A) Brick (B) Concrete (C) Steel (D) Wooden (E) Others

<b>Section I – Loss of Money &amp; Securities</b>	Basic Sum Insured (S.I.)	
	Additional S.I. on Premises	
	Additional S.I. on Transit	
	(i) Whilst at premises:	
	(ii) Due to dishonest act by employee and/or Agents:	
	(iii) Misappropriation of hypothecated good:	
Have you ever sustained a loss or losses of Money/ securities. If so, please give details in respect of past five years giving the date of occurrence, date of discovery amount of loss and brief particulars.	(iv) Whilst in transit:	
	(v) Whilst in postal transit:	
	(vi) Arising out of false valuation by appraiser:	
	Optional Covers for Section 1(A)	Coverage for earthquake, volcanic eruption, subterranean fire or any other convulsions of nature <input type="checkbox"/> Yes <input type="checkbox"/> No
	Coverage for Flood, Inundation, Hurricane, Typhoon, Storm, Tempest, Tornado, Cyclone, Atmospheric disturbances <input type="checkbox"/> Yes <input type="checkbox"/> No	
Optional Covers for Section 1	Retroactive Period Cover Amendment <input type="checkbox"/> Yes <input type="checkbox"/> No	

Add on: Automated Teller Machine

Sr. No.	Location	Limit of Maximum Cash Per Day	Sum Insured

Note: (If the space provided is not sufficient separate sheet to be attached)

**Section 2 - Fire and Allied Perils- Building & Contents**

Business of Proposer						
Location of risk/business to be covered - full postal address with Pin Code.	Sl.No.	Address	Pincode	Occupancy	Age of unit	Floor*

\*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).

**A. Details about business covered at the insured location**

1.	Details of insured property	<b>Please tick in the space below :</b>
	a. Offices, Shops, Hotels etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b. Industrial / Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c. Storage outside Industrial/ Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	d. Tanks / Gas holders outside Industrial/ Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	e. Utilities located outside Industrial/Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	f. Boundary wall	<input type="checkbox"/> YES <input type="checkbox"/> NO
	g. Basement storage	<input type="checkbox"/> YES <input type="checkbox"/> NO
	h. Others ( please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
3.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
4.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
5.	Fire Protection devices installed	Please tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.
6.	Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Construction details	
	a. Please state material used	Please tick the correct answer in the box.
	i) Walls	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	ii) Floor	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	iii) Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	<i>Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/ plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions</i>	
	b. Number of Floors	
	c. Age of the Building	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 20 years <input type="checkbox"/> Above 20 years
8.	Distance between the risk to be covered and nearest Fire Brigade	

**B. Sum Insured and Other details of Insured Property**

(Indicate Sum Insured on the following basis: :

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value;**
- For raw material: **Landed Cost**
- For stock in process: **Input cost;**
- For finished stock: **Manufacturing cost** of the finished stock **or the Contract Price\*** of goods sold but not delivered, as applicable.

\* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

SR. No.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total

**C. Details for in-built cover for Floater**

Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable). If yes, give details below:

1.	Floater Cover (for stocks at various locations)								
	<table border="1"> <tr> <th>Location (Postal address with pincode)</th> <th>Sum Insured (In ₹)</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Location (Postal address with pincode)	Sum Insured (In ₹)						
Location (Postal address with pincode)	Sum Insured (In ₹)								
	i) Maximum value at any one location: ₹                      ii) Whether stocks stored in open: Yes/No								

**D. Optional Cover**

Do You want to opt for Declaration Policy? --  Yes     No (strike off what is not applicable). If Yes, give details below

1.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
----	---

**Section 3 – Burglary Insurance**

1.	Construction Details	Walls (Brick/RCC/Concrete Blocks/Stone/AC Sheet /Open Sided)	Roof (RCC/AC Sheet/ Tiles/ Thatched/ Open)	Age of the buildings	Height of the building	Number of storeys
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks.

2.	What protection is provided to: <b>NB:</b> Mention any specific precautions you have adopted for safeguarding your property	Doors	Windows	Skylights, ventilators, exhaust fans, lights, air conditioners, trap doors																												
3.	Are the premises occupied by you at night? If not by whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
4.	Are the premises guarded by exclusive armed Watchmen?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
5.	Are the premises at any time left unoccupied? If so how often and for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
6.	Are all valuables secured in a safe(s) outside business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
7.	Whether the safe is fixed to a wall or concrete bed? Give a) Maker's name _____ d) Depth and _____ b) Height _____ e) Weight of Safe (s): _____ c) Width _____	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
8.	How many keys are there to the safe (s) and with whom are they kept? Can the safe(s) be opened by single key or by a combination of two or more keys?																															
9.	Have any premises occupied by you been entered by thieves? If so, give full particulars stating when and how access was obtained and the extent of the loss. What precautions have been adopted to prevent such a recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
10.	The name of your existing insurance company _____ Policy No. _____ Period. _____																															
11.	Has any company in respect of your Burglary Insurance declined your proposal? Cancelled or refused to renew your policy? Accepted your proposal on special terms and conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																														
12.	a. Have you ever claimed upon any insurance for loss by burglary or house breaking? b. If yes Please provide the Premium and Claims paid/ outstanding for the last five years/ available years	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
		<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claims Paid &amp; Outstanding</th> <th>Claims Ratio in %</th> </tr> </thead> <tbody> <tr><td>Year 1</td><td></td><td></td><td></td></tr> <tr><td>Year 2</td><td></td><td></td><td></td></tr> <tr><td>Year 3</td><td></td><td></td><td></td></tr> <tr><td>Year 4</td><td></td><td></td><td></td></tr> <tr><td>Year 5</td><td></td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td><td></td></tr> </tbody> </table>			Year	Premium	Claims Paid & Outstanding	Claims Ratio in %	Year 1				Year 2				Year 3				Year 4				Year 5				Total			
Year	Premium	Claims Paid & Outstanding	Claims Ratio in %																													
Year 1																																
Year 2																																
Year 3																																
Year 4																																
Year 5																																
Total																																

13.	Amount for which contents are currently insured against fire and name of the Insurer.
14.	Is the insured location protected by a burglar alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are there any other security systems or aids deployed, and if so, provide details <input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Is the burglar alarm system under a maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Do you intend to cover Burglary as result of Riot, Strike and Malicious Damage on payment of additional premium? <input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Do you want to cover losses due to theft peril also on limit of liability basis in addition to Burglary on payment of additional premium? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note:1. Sum insured is to be provided on the reinstatement value basis except for stock  
2. Section 1 is compulsory for taking this Package policy (If the space provided is not sufficient separate sheet to be attached)  
3. Under Burglary and Robbery coverage options is available for choosing a cover on first loss basis cover.  
Please select the percentages of First loss limit  
10%  25%  50%

19. Property To Be Insured (give Full Details)				
Sr. No.	Item	Total Value at Risk	Limit of Liability opted	Specify Basis of valuation Market Value
A	Stock in Trade			
B	Goods Held in Trust or on commission for which the insured is responsible			
C	Furniture, Fixture, Fittings, Utensils & Appliances Used in your business			
D	Coins and Currency notes in a locked safe			
E	Valuables ( Please Specify)			
F	Others ( Please Specify)			
TOTAL				

NB: 1 To obtain full indemnity it is necessary to insure for the full value the property in the premises.  
NB: 2 Market Value (for other than stocks) represents the replacement value of the item as New at time of Damage or Loss less due allowance for betterment, wear and tear and/or depreciation. Market value for stocks means the procurement value of stocks from the same or similar source.

**Section 4 - Plate Glass and Neon Signs/Glow Signs**

Sr. No.	Location	Type of Sign( Metal / Plastic/ Glow sign/ Neon Sign)	Dimension of Plate Glass/ Glow Sign	Sum Insured
1.				
2.				
3.				
4.				
5.				
6.				

**Section 5 - Electronic Equipment**

1.	Has any of the equipment to be insured previously been covered by other insurance companies? If so, which items of the specification and by which companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a) State when the Insurance is to commence? Note-Period of Insurance to expire at the same date next year.	Date _____
2.	Is all the equipment to be insured new? If not, which items of the specification are second hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What equipment can still be obtained ex works? (State items of the specification)	

3.	Condition of equipment - Is the equipment maintained in accordance with the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Quality of staff - Have operators been trained with manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is there a risk of flood and inundation? If so, specify <input type="checkbox"/> By bodies of water <input type="checkbox"/> By torrential rainfall <input type="checkbox"/> By sewer backflow <input type="checkbox"/> Or by others	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are dangerous materials used in the vicinity? If so, specify <input type="checkbox"/> Acids <input type="checkbox"/> Prepared or sensitized papers <input type="checkbox"/> Dyes <input type="checkbox"/> Test solutions <input type="checkbox"/> Developers <input type="checkbox"/> Explosives <input type="checkbox"/> Isotopes <input type="checkbox"/> Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Valid Maintenance Contract in force? If yes, Copy to be enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 6 –Personal Accident

Sr. No.	Employee Name	Occupation of Employee	Place of Employment	Date of Birth	Nominee Name	Maximum Limit of Benefit
1.						
2.						
3.						
4.						
5.						

### Nominee Details

The nominee must be an immediate relative of the proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Name of Nominee*	Age*	Relationship with Proposer*	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee (Present / Permanent)	Bank A/C Details of Nominee (A/C No / IFSC/Bank Name/ A/C Holder's Name)	% of claim amount payable to each nominee in the event of policy holder's death*

\* Mandatory. If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Mobile No/Email Id	Address of the Appointee

Note : (If the space provided is not sufficient separate sheet to be attached)

### Section 7 –Public Liability (Non Industrial)

Any one Accident Limit Rs.	Any one Year Limit Rs.

### Add-ons/Clauses opted for:

ADD ON/CLAUSES	

Note: If the Insured is unable to mention the names of all add-ons selected, then please attach annexure for list of add-ons selected

### Premium Summary

Total Premium Rs	
Sectional Discount	
Premium After Discount	
GST Tax Rs	
Total Amount Rs	

Past Loss Record			
Date of Loss	Incident & Cause	Loss Amount	Improvement made after the loss

### Premium Payment and Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	
Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Company Ltd)	
Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other ( Please Specify ) <input type="checkbox"/>	
Fund Transfer/Wallet : Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

### BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE

Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

**AML Declaration:**

1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002 and its subsequent amendments.  
2.I understand that the company has the right to call for documents to establish the sources of funds.  
3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.  
4.Nationality: Indian  Non-Indian  If Non-Indian, please specify the country \_\_\_\_\_

**Declaration**

1.I/We desire to insure with Universal Sampo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.  
2.I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.  
3.I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sampo General Insurance Company Limited.  
4.I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.  
5.I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sampo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.  
6.I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".  
7.I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer ([www.universalsampo.com](http://www.universalsampo.com)).  
8.I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".  
9.I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.  
10. **Go Green** - We would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form.  
 By choosing this option, You wish to avail Physical Policy Copy.  
11. I/ We have read and understood the privacy Policy of our Company at [www.universalsampo.com](http://www.universalsampo.com) and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time  
12.I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.  
13.  I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.  
I hereby consent to and authorize Universal Sampo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPD/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place:  
Date:

Signature of Proposer

**Disability Declaration**

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:  
Signature of Representative:

**CKYC Declarations**

1.I hereby give consent to Universal Sampo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC  
2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place:  
Date:

Signature of Proposer

**INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES**

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

**Universal Sampo General Insurance Co. Ltd.**

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai - 400708. Toll Free No : 1800 200 4030 / 1800 22 4030

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.  
CIN: U66010MH2007PLC166770