

**PROPOSAL FORM -
UNIVERSAL SOMPO - BHARAT GRIHA RAKSHA - PLUS**



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@universalsompo.com

Important:

- 1.This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.
- 2.Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- 3.The property proposed for insurance is not covered until the proposal is accepted and premium paid.

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	

A.Details about Proposer and Policy Period-

1.Name of Proposer	
2.Address of Proposer	
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"/>
3. CKYC No	
<input type="checkbox"/> 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.	
4.Phone No.	Mobile: _____ Landline: _____
5.Email	
6.Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions-	
7.Policy Type:	Individual
8.Period of Insurance	From: _____ To _____ (No of Years in case of long term policy :.) Note: For Long term policy, Period shall not exceed 20 years.
9.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"/>
10.Nomination	Nominee Name: Relationship with the insured:

Nominee Details (Applicable for policies bought by Individuals):

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)

11. Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (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")
12. Do you have any disability : <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes a) Specify the percentage of disability _____ b) Please enclose Disability certificate mentioning percentage of disability wherever applicable.

B.Covers Opted

11.Is there any policy in place for the same property? If Yes, please provide the details	Yes/No								
12.Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of Rs 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="1"> <thead> <tr> <th>Cover</th> <th>Please tick</th> </tr> </thead> <tbody> <tr> <td>Home Building & Home Contents</td> <td></td> </tr> <tr> <td>Home Building Only</td> <td></td> </tr> <tr> <td>Home Contents Only</td> <td></td> </tr> </tbody> </table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only	
Cover	Please tick								
Home Building & Home Contents									
Home Building Only									
Home Contents Only									

C.Location of Home Building

13.Location of Home Building - full postal address with Pin Code.	
14.Is it in a multi-storey building or is it a standalone house?	
15.In case of multi-storey building, please provide the floor number of Your house	
16.Is there a basement to Your house?	

D.Details of Home Building

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc. It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a.garage, domestic out-houses used for residence, parking spaces or areas, if any;
b.compound walls, fences, gates, retaining walls, internal roads;
c.verandah or porch and the like;
d.septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

17.Sum Insured (SI) for Home Building: Please note the following: (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows: a. For residential structure of Your Home including fittings and fixtures: Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date	a. SI for residential structure of Your Home including fittings and fixtures (in Rs):						
b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	b. SI for additional structures (in Rs):						
	<table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Additional Structure	Sum Insured (in Rs)				
Additional Structure	Sum Insured (in Rs)						
18.Carpet area of structure of Home in square meters							
19.Rate of Cost of Construction per square meter at the policy Commencement Date							

Other Details

20.Age of Home Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>	Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years									
5-10 years									
10-20 years									
Above 20 years									
21.Construction Details Please note the following: (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. Construction other than Kutcha Construction is a 'Pucca Construction')	<table border="1"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <tr> <td>Walls</td> <td>Kutcha /Pucca</td> </tr> <tr> <td>Floor</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Roof</td> <td>Kutcha / Pucca</td> </tr> </tbody> </table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha /Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*								
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Floor	Kutcha / Pucca								
Roof	Kutcha / Pucca								

E.Details of Home Contents

Please note the following:

- i) Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
ii) General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
iii) Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
iv) If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of 10 Lakhs (Rupees Ten Lakh) are automatically covered.

22. If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in Rs):										
	<table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured(in Rs)</th> </tr> </thead> <tbody> <tr> <td>Furniture,Fixtures and</td> <td></td> </tr> <tr> <td>Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>	Items	Sum Insured(in Rs)	Furniture,Fixtures and		Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured(in Rs)										
Furniture,Fixtures and											
Fittings (Home Furnishings)											
Electrical/Electronic											
Others											
23. In case of Basement, If there are contents in it, please provide the Sum Insured											

F. In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

24. Cover for (Please Tick)	Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured Number of Months				
<table border="1"> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>	Loss of Rent		Rent for Alternative Accommodation		
Loss of Rent					
Rent for Alternative Accommodation					

G. Optional Covers (available on payment of additional premium)

25. Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No If Yes, Name & age of Your spouse: Your age:
26. Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': (Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto Rs 5 Lakh and Individual item value does not exceed Rs 1 Lakh).	Yes/No If Yes, please attach list of items and Sum Insured: Valuation certificate attached? (Yes/No)

H. Other Optional Covers Opted

Name of the Optional Cover / Clause	Sum insured(in ₹)

Note :

- 1) If the Insured is unable to mention all list of add ons then please attach annexure for list of add ons selected
- 2) If the proposer selects optional covers Loss of rent or Rent for alternative accommodation he also needs to mention the number of months for which the cover is needed.

I. 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
PAN Number :	Transaction No.
	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	

J. Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

K. AML Declaration

1./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 <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country _____

L. Declaration by Insured

1.I/We desire to insure with Universal Sompo 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 Sompo 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 Sompo 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.universalsompo.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.universalsompo.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 Sompo 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 NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place:
Date:

Signature of Proposer

M. 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:

N. CKYC Declarations

1.I hereby give consent to Universal Sompo 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 Sompo 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