

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 an enterprise whose total value of insurable assets at a location exceeds ₹ 5 Crore but does not exceed ₹ 50 Crore, 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 is 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 ☐ Driving License ☐ Passport ☐ Voter ID ☐ Others ☐

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.

Do you have an EIA Account? If Yes, Account Details :

If No, I would like to apply for EIA with

Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

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")

3. Telephone No (Landline)
4. Mobile No
5. Email
6. Contact person details (where proposer is not an individual)
 - a. Name
 - b. Designation
7. Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions.
8. Period of Insurance From : To :

B. Business and Location of Business:

9. Business of Proposer
10. 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)

C. Details about business covered at the insured location

- The Insured property is : Please tick in the space below :

a. Offices, shops, hotels etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Industrial/ manufacturing risks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Tanks/ gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Boundary wall	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Basement storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Others (please specify)		
- If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.
- 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)
- If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?
- 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.
- Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force : ☐ Yes ☐ No
- Construction Details : 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

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.

b. Number of Floors _____

c. Age of the Building _____
 Less than 5 years _____
 5 – 10 years _____
 10 – 20 years _____
 Above 20 years _____

18. Distance between the risk to be covered and nearest Fire Brigade. _____

19. Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details) _____

20. Whether Insurance was declined by any other Company (Give details) _____

21. Premium/Claim details for the past 36 months excluding the expiring policy period

	Year	Premium	Claim
Total			

D. 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).

Description of Block	Building including plinth, Basement and additional structure	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please specify)	Total

E. Standard add-ons

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

23. Floater Cover (for stocks at various locations)

Location (Postal address with pincode)	Sum Insured (In ₹)

i. Maximum value at any one location: ₹ _____

ii. Whether stocks stored in open: Yes ☐ No ☐

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

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

F. Optional Add on Covers :

Sr. No	Name of Add- on Cover	Sum Insured (in Rs.)																																								
1.	Accidental Damage Cover																																									
2.	Loss of Rent and Additional Expenses of Rent for an Alternate Premises																																									
	a. For Owners (Loss of Rent)																																									
	b. For Owners and Tenants (Additional Expenses of Rent for an Alternate Premises)																																									
3.	Escalation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, _____%																																								
4.	Involuntary Betterment																																									
5.	Additional Removal Of Debris Including Foreign Debris																																									
6.	Protection and Preservation of Property																																									
7.	Cost of Clearing Drains Clause																																									
8.	Extra Expense																																									
9.	Voluntary Deductible Clause	<div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>If the answer above is yes, Please tick in one of the below mentioned slabs.</div> <table><tr><th>No</th><th>Act of God Perils: 5 % of the claim amount subject to a minimum of Rs in lakhs</th><th>Other Perils in Rs in lakhs.</th><th>Discount %</th></tr><tr><td>1</td><td>10</td><td>5</td><td>2</td></tr><tr><td>2</td><td>20</td><td>10</td><td>4</td></tr><tr><td>3</td><td>30</td><td>15</td><td>6</td></tr><tr><td>4</td><td>60</td><td>30</td><td>8</td></tr><tr><td>5</td><td>100</td><td>50</td><td>10</td></tr><tr><td>6</td><td>500</td><td>100</td><td>12.5</td></tr><tr><td>7</td><td>1000</td><td>500</td><td>15</td></tr><tr><td>8</td><td>2000</td><td>1000</td><td>20</td></tr><tr><td>9</td><td>>2000</td><td>>1000</td><td>25</td></tr></table>	No	Act of God Perils: 5 % of the claim amount subject to a minimum of Rs in lakhs	Other Perils in Rs in lakhs.	Discount %	1	10	5	2	2	20	10	4	3	30	15	6	4	60	30	8	5	100	50	10	6	500	100	12.5	7	1000	500	15	8	2000	1000	20	9	>2000	>1000	25
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2	20	10	4																																							
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4	60	30	8																																							
5	100	50	10																																							
6	500	100	12.5																																							
7	1000	500	15																																							
8	2000	1000	20																																							
9	>2000	>1000	25																																							

10.	Architects, Surveyors and Consulting Engineers Fees (in excess of 5% of the claim amount)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please mention its Sum insured not more than 7.5% of total Sum insured Value																		
11.	Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mention the Sum Insured of the stock lying in the cold storage premises																		
12.	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery (ies) in the Insured's premises due to operation of insured peril.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please mention the Sum Insured of the stock lying in the cold storage premises																		
13.	Omission to Insure additions, alterations or extensions	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes than 5 % of sum insured value (other than stock sum insured) will be considered																		
14.	Spoilage Material Damage Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> Please name the block(s) which you want to be covered for Spoilage material damage cover. Under the column of sum insured, please mention the sum insured of all stocks, machinery, equipment and containers in these block(s) Block names																		
15.	Leakage And Contamination Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
16.	Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts Cranes, Stackers and the like and articles dropped there from	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
17.	<div> <div>Loss Of Income</div> <table border="1"> <tr> <th>Basis Daily collection</th> <th>Max benefit</th> <th>Premium(With GST)</th> </tr> <tr> <td>Upto Rs.1000/-</td> <td>30,000</td> <td>99</td> </tr> <tr> <td>Above Rs.1000/- & Upto Rs.2000/-</td> <td>60,000</td> <td>198</td> </tr> <tr> <td>Above Rs.2000/- & Upto Rs.3000/-</td> <td>90,000</td> <td>297</td> </tr> <tr> <td>Above Rs.3000/- & Upto Rs.4000/-</td> <td>1,20,000</td> <td>396</td> </tr> <tr> <td>Above Rs.4000/- & Upto Rs.5000/-</td> <td>1,50,000</td> <td>495</td> </tr> </table> </div>	Basis Daily collection	Max benefit	Premium(With GST)	Upto Rs.1000/-	30,000	99	Above Rs.1000/- & Upto Rs.2000/-	60,000	198	Above Rs.2000/- & Upto Rs.3000/-	90,000	297	Above Rs.3000/- & Upto Rs.4000/-	1,20,000	396	Above Rs.4000/- & Upto Rs.5000/-	1,50,000	495	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please select the option
Basis Daily collection	Max benefit	Premium(With GST)																		
Upto Rs.1000/-	30,000	99																		
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Above Rs.4000/- & Upto Rs.5000/-	1,50,000	495																		

Note: For Loss of Income, maximum number of days for which the cover is provided is 30 days or the number of days in which the premises has become operative (reinstated) whichever is less.

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. 3.The proposer can refer to the website for detailed policy wordings

G. Insured can also select any of the below optional add-ons

Sr No	Name of Add ons/clause	Yes/No
1	Storm, tempest, flood & inundation Deletion clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Earthquake deletion clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Terrorism Deletion clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

H. 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.

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee	Bank A/C Details of Nominee

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

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Address of the Appointee

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

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	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	

J. Declaration by Insured ☐

I/ We hereby declare that the value of insurable assets is more than ₹ 5 Crore but less than ₹ 50 Crore and the statements made by me / Us in this Proposal Form are true to the best of my / Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the Universal Sompo General Insurance Company Ltd.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date: _____

Place: _____

Signature of the Proposer

K. 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 _____

L. Declaration ☐

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 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

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 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