

**PROPOSAL FORM -
BURGLARY POLICY**

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

(The Property proposed for insurance is not covered until the proposal is accepted and premium paid)

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.

All fields are mandatory.

Intermediary Name, Contact No, Code & Email Id	
Intermediary Sales Person's Name, Contact No & Code	
Source Code / POS UID Aadhar No./PAN	
Policy Issuing Office Address & Code	
1. Name of the Insured (Policy to be issued in favor of)	
2. Address of the proposer	
3. Phone Number	
4. Email id	
5. 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"/>
6. 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.	
7. 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 <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")	
8. Bank Account No.[Optional if desired by the proposer]	
9. Paid up capital of the firm	
10. Name of the Insured (Policy to be issued in favor of)	
11. Do you wish to cover the interest of any financial institution? If yes, give the names of all financial institutions.	
12. Location details (Complete Address) of the risk to be insured. Note: Burglary Insurance is a Location Specific policy-In case of any change in location, the same does not get covered unless informed to the insurer and agreed by the insurer by means of an endorsement to the policy)	
13..District in which the risk is located	
14. State in which the risk is located	
15. Pin code of the location of risk	
16. Risk Occupancy Note: Please describe the activities carried out in the premises.	<input type="checkbox"/> Residence <input type="checkbox"/> Shops <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Industrial premises
17. Are you a sole occupant?	
18. If not, who are other occupants, their names and nature of occupancy	
19. Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.	

20. Period of Insurance: End date (dd/mm/yyyy) Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.						
21.	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
		Yes/No	Yes/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.						
22.	What protection is provided to: NB: Mention any specific precautions you have adopted for safeguardin your property	Doors	Windows	Skylights, ventilators, exhaust fans, lights, air conditioners, trap doors		
23. Are the premises occupied by you at night? If not by whom?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
24. Are the premises guarded by exclusive armed Watchmen?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
25. Are the premises at any time left unoccupied? If so how often and for how long?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
26. Are all valuables secured in a safe(s) outside business hours?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
27. Whether the safe is fixed to a wall or concrete bed? Give				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
a) Maker's name _____				d) Depth and _____		
b) Height _____				e) Weight of Safe (s): _____		
c) Width _____						
28. 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?						
29. a) Are stock and sales book maintained?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
b) How frequently are these entered?				Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half yearly <input type="checkbox"/> Yearly <input type="checkbox"/>
c) How often is stock taken?				Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half yearly <input type="checkbox"/> Yearly <input type="checkbox"/>
d) Where are these books kept out of business hours?						
30. Have any premises occupied by you been entered by thieves?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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?						
31. The name of your existing insurance company _____ Policy No. _____ Period. _____						
32. Has any company in respect of your Burglary Insurance declined your proposal? Cancelled or refused to renew your policy?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Accepted your proposal on special terms and conditions?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
33. a. Have you ever claimed upon any insurance for loss by burglary or house breaking?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
b. If yes Please provide the Premium and Claims paid/ outstanding for the last five years/ available years						
		Year	Premium	Claims Paid & Outstanding		Claims Ratio in %
		Year 1				
		Year 2				
		Year 3				
		Year 4				
		Year 5				
		Total				
34. Amount for which contents are currently insured against fire and name of the Insurer. _____						
35. Is the insured location protected by a burglar alarm system?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
36. Are there any other security systems or aids deployed, and if so, provide details				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
37. Is the burglar alarm system under a maintenance contract?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
38. 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	
39. 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	

40. 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.

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)

Add-ons/Clauses opted for:

ADD ON/CLAUSES

Kindly provide an annexure if the proposer is unable to mention all the selected add-ons/ clauses

Premium Payment and Bank Details:

Payment Option : Cheque Demand Draft Fund Transfer Pay Order Debit Card Credit Card Cash

Premium Amount Rs. Amount (In Words):

For Cheque/DD/PO (Payable in favour of Universal Sompoo 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 : <input type="checkbox"/> Name of Bank/Wallet <input type="checkbox"/>	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 statues, 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).
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 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 NCPN/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

SECTION 41 OF INSURANCE ACT, 1938

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 of risk relating to lives or property in India, any rebate of 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 published prospectuses or tables of the Insurer.

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 Bealpur 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.
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