PROPOSAL FORM -
BUSINESS SHIELD - SOOKSHMA UDYAM

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

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 :
These are the minimum requirements to be furnished by a 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 for Group/Retail Establishment.
5)In case of Group Policy, fields where "(Details to be provided in annexure A in case of Group Policy) has been mentioned those details have to be enclosed as a part of annexure
6)Read the Prospectus/Key Features/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better

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 Proposer/ Master Policy Holder	
2.	Address of Proposer	
3.	Name of Person to whom the policy has to be dispatched	Tel No: Mobile No. Email.
4.	Policy Type	Individual ☐ Group ☐ Please state the number of members to be insured in case of Group (estimated annual)
5.	Address Proof:	Aadhar Card ☐ Driving License ☐ Passport ☐ Voter ID ☐ Others ☐
6.	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.

7. 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")

8.	Period of Insurance:	From		To	
9.	Occupation/ Business Activity				
10.	Bank Name to be incorporated in the policy				
11.	Paid Up Capital				

COVERAGE PROPOSED (PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

Section I - Fire and Allied Perils

Location of risk/business to be covered - full postal address with Pin Code. (Details to be provided in annexure A in case of Group Policy)

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**	**Please tick in the space below :**	
	a. Offices, Shops, Hotels etc.	☐ YES	☐ NO
	b. Industrial / Manufacturing risks	☐ YES	☐ NO
	c. Storage outside Industrial/ Manufacturing risks	☐ YES	☐ NO
	d. Tanks / Gas holders outside Industrial/ Manufacturing risks	☐ YES	☐ NO
	e. Utilities located outside Industrial/Manufacturing risks	☐ YES	☐ NO
	f. Boundary wall	☐ YES	☐ NO
	g. Basement storage	☐ YES	☐ NO
	h. Others (please specify)	☐ YES	☐ 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. ☐ Portable Extinguishers ☐ Small bore hose reels ☐ Trailer Pumps/Fire engines ☐ Hydrant System ☐ Sprinkler System ☐ Fixed Water Spray System ☐ Foam System ☐ Fire Alarm System ☐ Gas Flooding System ☐ Others, please specify below. ____________
6.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force	☐ YES ☐ NO
7.	Construction details	
	a. Please state material used	Please tick the correct answer in the box.
	i) Walls	☐ Kutcha ☐ Pucca
	ii) Floor	☐ Kutcha ☐ Pucca
	iii) Roof	☐ Kutcha ☐ 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
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).

(Details to be provided in annexure A in case of Group Policy)

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

C. Details for in-built cover for Floater

1. 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

D. Standard Add-on

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 (₹):
Enter Sum Insured Details Per location	

Provide the Indemnity Period for Additional Rent for Alternative accommodation Indemnity Period_______Months, If Opted for.

Section II - Business Interruption (Fire)

Gross Profit (Details to be provided in annexure A in case of Group Policy)	**Amount In Rs**
Select the indemnity period required	3 Months ☐ 6 Months ☐ 9 Months ☐ 12 Months ☐ 15 Months ☐ 18 Months ☐ 24 Months ☐

Sr. No.	Standing Charges Covered under the Policy (Details to be provided in annexure A in case of Group Policy)	Add on cover under the Fire Loss of Profit
1.		
2.		
3.		
4.		
5.		

Section III - Burglary

Sum Insured details : (Details to be provided in annexure A in case of Group Policy)					
Sr. No.	**Location 1**	**Location 2**	**Location 3**	**Location 4**	**Location 5**
Building					
Plinth & Foundation					
Plant & Machinery					
Furniture/ Fixture/ Office equipment					
Stock					
Others					
Money In safe/Till					
Total					

Note : Sum insured is to be provided on the reinstatement value basis except for stock (If the space provided is not sufficient separate sheet to be attached)

If Separate Sum Insured for Plinth & Foundation (P&F) not provided please tick mark Include P &F Exclude P &F

First Loss Basis for Burglary Insurance ☐ 75% ☐ 50% ☐ 25% Declaration Facility (Stocks) Desired ☐ Yes ☐ No

Details of Safe ____

Section IV - Money In Transit (Details to be provided in annexure A in case of Group Policy)

Sr. No.	Location	Transit Between		Limit of Liability	
		From	To	Maximum amount at any one time Rs	Estimated Annual total Amount Rs
1.					
2.					
3.					
4.					
5.					

Section V,VI,VII– Electronic Equipment , Machinery Breakdown, All Risk Insurance (Details to be provided in annexure A in case of Group Policy)

Sr. No.	Coverage (EEI/ MBD/ ALL Risk)	Location	Type of Equipment	Make	Identification /Serial no	Specification KVA/HP/Kg/cm2	Year of Mnfg.	Sum Insured
1.								
2.								
3.								
							Total Sum Insured	

Is there any AMC for the Electronic Equipment ☐ YES ☐ No

Geographical Limit of coverage ☐ India ☐ Worldwide

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

Section VIII - Plate Glass and Neon Signs/Glow Signs (Details to be provided in annexure A in case of Group Policy)

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

Section IX –Fidelity Guarantee Insurance (Details to be provided in annexure A in case of Group Policy)

Sr. No.	Name of Person /Position	Designation	Limit of Liability	Any additional information
1.				
2.				
3.				
4.				

Section X - Personal Accident (Details to be provided in annexure A in case of Group Policy)

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

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

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)

Section XI -Public Liability (Details to be provided in annexure A in case of Group Policy)

Any one Accident Limit Rs.	Any one Year Limit Rs

Section XII –Baggage Insurance (Details to be provided in annexure A in case of Group Policy)

Total No of Persons Covered	Limit per Trip	Combined Sum Insured

Section XIII –Employee Compensation (Details to be provided in annexure A in case of Group Policy)

Employee Name	Occupation	Age or DOB	Nominee Name and Relationship	Maximum Limit of Benefit (Rs.)

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 Summary

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

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

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 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 ☐ Current ☐ Other (Please Specify) ☐	
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 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 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

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 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.