

**PROPOSAL FORM -  
CATTLE INSURANCE 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@universalsompo.com

(A Certificate given by a qualified Veterinary Surgeon must accompany this Proposal)

**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 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 proposer:	
2. Residential Address: Farm Address: (If Different) Contact No & Email ID	
3. 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"/>
4. 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.

5. 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"/>
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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")
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6. Occupation/Business:	
7. Financed Under : Name of the Scheme :	Non Scheme <input type="checkbox"/> Government Scheme <input type="checkbox"/> _____

8. a. Is cover required for Permanent Disability?	
b. Is cover required for Loss of cattle or livestock due to theft?	

9. Give the following particulars in full, of each of the animals proposed for insurance.											
Type of Animal	Sex	Age	Breed	Description of the Animal				Tag No.	Market Value/S.I.	Photos attached	
Cow, Buffalo, Sheep, Goat	M/F	Years		Colour	Horns	Tail /Switch	Distinguishing Features	Rt/Lt-Ear	Rs.		
										Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. State for what purpose the animals will be used.	
11. Where is / are animals stabled?	
12. Is/are the animals in the stable sound and healthy and free from vice? If not give full particulars of defects and ailments if any. Please provide a certificate of good health issued by a qualified veterinary practitioner for each animal proposed for insurance.	
13. Whether own Veterinary Services Available or dependant on Government Veterinary Services?	

14. (a) Have you lost any animal/s during the last three years? If so state particulars.		
Year	Cause of Loss	Number of animals lost

(b) Previous Cattle Insurance and Claims experience (for the last three years)				
Year	Policy No.	Name of Insurer	Claim Amount	Whether claim settled in full or in part or outstanding or repudiated.

15. [a] How many other animals do you own and of what type?	
[b] Are they insured and if so with which insurer?	
[c] If not why are they not proposed for insurance now?	
[d] Were they insured previously and if so where?	

16. Are any of the animals now proposed for insurance or have any other animals belonging to you been previously insured? If so, state name of Company or Underwriter.	
17. Has any Company or Underwriter.	
[a] Declined insurance of any of your animals or	
[b] Declined to renew the insurance	
[c] Increased your premium or imposed special conditions on renewal?	
18. For What period is insurance required?	For _____ months from _____
19. [a] Are you the owner of the animal? If not state name and address of owner and also nature of your interest in the animal	
[b] Is any bank or other financing institution interested In the animal, If so, state (i) name and address of the bank (ii) Amount of loan outstanding?	
[c] Is / are the animal/s proposed for insurance covered by SFDA / MFAL project? If so, state.	
(i)Address of SFDA? MFAL agency	
(ii)Amount of subsidy obtained from SFDA / MFAL agency.	
20. Any other information material to the risk or the terms upon which cover might be offered.	

**Add On:**

Permanent Total disablement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of cattle or livestock due to theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Inspecting Veterinary Doctor & Stamp

Name and Qualification: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Financier with Official Seal and Address

**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)

**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	

**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 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](http://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](http://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 NCPDR/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.

**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.  
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