

**PROPOSAL FORM -
COMMERCIAL GENERAL LIABILITY 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 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. 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	

SECTION 1 – DESCRIPTION OF TRADE

1.	Proposer's name in full:	
2.	Postal Address	
3.	Website:	
4.	a. Tel. No. & Email ID	b. GSTIN of your company
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.	Country of Operations:	
9.	Business Description	
10.	Date of incorporation	
11.	Does Insured have a subsidiary, affiliate or representative entity in the USA? If yes, please provide Name and Addresses of such affiliate/entity:	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Period of Insurance	From: ___/___/___ at ___ Hrs to ___/___/___ at ___ Hrs
13.	Limit of Indemnity:	_____ Anyone Occurrence; _____ in the Aggregate
14.	Form:	_____ Claims Made; _____ Occurrence Form
15.	Retroactive Date (if any):	_____

SECTION 2 – DETAILS OF PREMISES

1.		India		USA/ Canada		Rest of the World	
		Owned	Leased	Owned	Leased	Owned	Leased
	Manufacturing						
	Distribution and Warehouse						
	Offices						

For any additional premises please attach a schedule supplying details as above

2.	Number of Employees:		
	India	USA/ Canada	Rest of the World
	i. Number of Employees that Travel Overseas Annually		
	ii. Overseas Travel Destination		

3. Pollution

a.	Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide details:	

c. Does your waste disposal or waste storage comply with Government Regulations and By-Laws? Yes No
 Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used &/or stored

4. Care Custody and Control

Do you require cover for property of others in your care, custody or control? Yes No
 (no coverage is afforded unless specifically endorsed to the policy)

If Yes,	a) What limit of indemnity do you require?	INR _____
	b) What is the total value of such property at all locations	INR _____
	c) What is the maximum value of any one item	INR _____

Give brief description of such property:

5. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)? Yes No
 If yes, please provide full details and attach copies of all agreements (other than lease liability)

6. Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a fee Yes No (b) for no fee Yes No
 If Yes, please provide details: (No coverage is afforded unless specifically endorsed to the policy)

SECTION 3 – DETAILS OF PRODUCTS

1. Product Information / Estimated Annual Turnover

a) Please provide details of the products manufactured or supplied by you:

Description of Product	End usage/ Intended Customer Use	(M) Manufacture (I) Import (D) Distribute	Annual Units produced

Attach product brochures, Annual Reports, or other material if applicable.

Sales Revenue Details:

	Previous Turnover	Current Turnover	Projected Turnover
India			
US/ Canada/ Australia			
Rest of the World			

b. Since when you have been exporting to these countries?
 USA/ Canada/ Australia:
 UK/Europe:
 Rest of the World

c. Do you provide any services, installation, or treatment other than sale of products? Yes No
 If yes, pls describe the nature of services and estimated annual turnover:

d. Do you have Research & Development department or Technical Know-how/Collaboration?

e. Do you adhere to regulatory or voluntary best practice standards?

f. Do you operate a Quality Control / Recording System? Yes No
 If yes, please provide details including International or other relevant standards applicable.

g. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the labelling, hazardous contents or safety? If so, please give full details

2. Do you currently or have you in the past been involved in the manufacture, distribution, or sale of the following:

Aircraft (including component parts)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pesticides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethical Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fungicides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Industrial chemicals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liquid or gas fuels	Yes <input type="checkbox"/> No <input type="checkbox"/>
Petrochemicals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Watercraft (exceeding 15 metres in length)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Class 1 dangerous goods or ammunition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spacecraft or satellites	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fertilisers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Radioactive material or any product containing asbestos	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please provide details: _____

SECTION 3 – PREVIOUS/ OTHER INSURANCE HISTORY

a. Is Similar insurance currently in force? Yes No

If yes, please confirm the following:

Insurer: _____

Expiration Date: _____

Limit of Insurance: _____

Deductible: _____

Premium: _____

b. Has any similar Insurance been declined or cancelled? Yes No

SECTION 4 – CLAIMS INFORMATION

Do you (incl subsidiary / sister concern) have knowledge or information of any claims or losses during past 5 years regardless of fault and whether insured or not which may be expected to give rise to a claim? Yes No

If Yes, please confirm the following:

Date of occurrence of claim	Description of claim	Date of reporting of claim	Claim amount paid	Claim amount reserved	Claim status

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)

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 <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	

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 _____

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 NCPD/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Signed
Chairman/Chief Executive Officer/Managing Director
(This form must be signed by the Chairman, Chief Executive Officer or Managing Director of the Proposer)

Proposer Date

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

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

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