

PROPOSAL FORM -
CONTRACTOR'S PLANT & MACHINERY 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@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		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

INSURED DETAILS

Name of the Proposer	
Communication Address	
Mobile No & e-Mail address	
Proposer's Trade or Business	
Location of Operation (Site of Property to be Insured)	
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"/>
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.	
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")	

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)

OTHER INFORMATION

1	Do the items listed represent the entire machinery used by you at the above location.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	a. Are you at present Insured? b. If so, with whom ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Has any company - a. Declined to insure any of the Machinery now proposed b. Required an increased premium or imposed special conditions c. Requested for repairs or made other special stipulations for risk improvement?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Are you aware of any defects/ damages existing in the machinery. If yes, give details thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you own or use any equipment other than that described above working on the same site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Is any of the equipment now proposed; a. Licensed for road use? If so, give details b. Covered by any other insurance? If so give details	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Are you the owner of the proposed equipment? a. If yes, will you be hiring out? b. If the equipment is hired; Is Insurance your responsibility c. Is maintenance and operation your responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Are the premises where the equipment operates well guarded?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9	a. What is the site condition where the equipment will be utilized?	
	b. Are the equipment likely to operate on reclaimed or soft ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. Are the equipments likely to operate underground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. Are ground condition such that equipment are exposed to the risk of toppling over? If Yes, pls give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e. Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, give detail and safety precautions taken.	
10	Will equipment belonging to other contractors operate on the same site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Do you have trained and qualified operators?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are there any statutory rules governing the appointment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Which of the equipments are required to be inspected and certified for operation by statutory rules?	
13	a. Has your machinery sustained any damage from breakdown or other cause during last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. If so, give details of damage/s and Repairing cost	
14	a. Is regular periodical inspection of the machinery carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. If so, by whom and at what intervals?	

PREVIOUS INSURER DETAILS

Policy No.	Name of Insurer	Policy Period	Premium Paid - Rs	No of Claims	Claim Amount-Rs

SCHEDULE OF MACHINERY TO BE INSURED

Sr. No	Qty	Description Type, Model, Capacity of Machines / Serial Nos./ HP/ KVA Volts, AMPS, RPM	Maker's Name & Country of origin	Year of Make	Sum Insured

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

GUIDE NOTES -

I. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. Etc. of each and every equipment with valuation should be declared. II. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy. III. If any of the Machines is a `Stand by' this fact should be mentioned. IV. All Portable Machines must be so designated. V. All items in the open must be so described separately. VI. Transit risks from site to site will be excluded. VII. The proposals with Sum Insured more than Rs.5 crores shall be referred to Corporate Underwriters for finalization of special rates, terms and conditions.

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 Sampo 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 statues, directly or indirectly governing the prevention of money laundering in India. 4.Nationality: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country_____
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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.

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.

CIN: U66010MH2007PLC166770

Contractor’s Plant & Machinery Insurance Policy

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