

PROPOSAL FORM -
CYBER INSURANCE POLICY - RETAIL(GROUP)



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

Instruction to fill the proposal form

Please ensure that the details furnished in the proposal form are correct and complete in all respects. The company's decision for acceptance of the risk will be on the basis of information as provided by you herein below.

- 1.These are the minimum requirements to be furnished by You. We may seek any other information as desired for underwriting purposes
- 2.Please tick the boxes wherever as applicable. Please fill in CAPITALS
- 3.This proposal must be completed, signed and dated by a Principal, Partner or Director
- 4.Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
- 5.You must answer all the questions in this form. If a question is not applicable, state “N/A”. If more space is required to answer a question, please attach additional sheets
- 6.Our liability does not commence until the acceptance of the proposal has been formally intimated to the Insured Person and full premium has been realized by Us.

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	

1.Proposer details

a.	Name of the Proposer:_			
b.	Nature of Business			
c.	Contact Name:_			
d.	Address:_			
	City:_	State:_	Pin Code:_	
e.	Telephone:_	Mobile No.:		
f.	PAN (Entity):			
g.	Email Address:_			
h.	GST No:			
i.	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"/>		
j.	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.				
k.	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"/>			
l.	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”)			
m.	Do you have any disability : <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes a) Specify the percentage of disability _____ b) Please enclose Disability certificate mentioning percentage of disability wherever applicable.			
n.	Policy Period :	From _____ (DD/MM/YYYY)	To _____ (DD/MM/YYYY)	
o.	Policy Type :	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	
p.	If Renewal Please provide previous policy number :			
q.	Customer ID :			

2.	Please state when was your Company established?		
3.	Group Type:	<input type="checkbox"/> Employer	<input type="checkbox"/> Non Employer-Employee
4.	Please state the number of employees/members to be insured?		
5.	Type of Cover –	<input type="checkbox"/> All Members	<input type="checkbox"/> Voluntary
6.	Please state the details of the employees/members proposed to be insured		

Details of the employees proposed to be insured								
Sr No	Name	Address	Employee Code (If applicable)	Email Id	Contact No	Gender (M/F/TG)	Relationship with the applicant	Nominee

Kindly fill up the details in the format provided above. Please attach annexure in the above format for all the persons proposed to be insured under the policy.

7.	Percentage of Insured Persons USING THE FOLLOWING OS?										
	<table><tr><td>Android</td><td></td></tr><tr><td>Mac OS / iOS</td><td></td></tr><tr><td>Windows</td><td></td></tr><tr><td>Others</td><td></td></tr><tr><td>Total</td><td>100%</td></tr></table>	Android		Mac OS / iOS		Windows		Others		Total	100%
Android											
Mac OS / iOS											
Windows											
Others											
Total	100%										
8.	What is the percentage of insured persons having anti-virus/anti-malware installed on their phone										
	<table><tr><td>Installed</td><td></td></tr><tr><td>Not Installed</td><td></td></tr><tr><td>Total</td><td>100%</td></tr></table>	Installed		Not Installed		Total	100%				
Installed											
Not Installed											
Total	100%										
9.	What is the percentage of insured persons maintaining confidentiality and regularly change their passwords										
	<table><tr><td>Maintaining confidentiality and regularly change their passwords</td><td></td></tr><tr><td>Not maintaining confidentiality and regularly change their passwords</td><td></td></tr><tr><td>Total</td><td>100%</td></tr></table>	Maintaining confidentiality and regularly change their passwords		Not maintaining confidentiality and regularly change their passwords		Total	100%				
Maintaining confidentiality and regularly change their passwords											
Not maintaining confidentiality and regularly change their passwords											
Total	100%										
10.	What is the percentage of insured persons performing data back up every 14 Calendar days										
	<table><tr><td>Performing data back up every 14 Calendar days</td><td></td></tr><tr><td>Not performing data back up every 14 Calendar days</td><td></td></tr><tr><td>Total</td><td>100%</td></tr></table>	Performing data back up every 14 Calendar days		Not performing data back up every 14 Calendar days		Total	100%				
Performing data back up every 14 Calendar days											
Not performing data back up every 14 Calendar days											
Total	100%										
11.	Please provide the average income for the group of persons to be insured:										

12. Please select the coverages required

Coverages	Please select the Option	If Yes, Please provide the Sum Insured – Range from 10,000- 1,00,00,000 from the options as mentioned below
Theft of Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Identity Theft	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Data Restoration / Malware Decontamination	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cyberbullying, Cyber Stalking and Loss of Reputation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cyber Extortion	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Online Shopping	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Online Sales	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Media and Media Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Network Security Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Privacy Breach and Data Breach by Third Party	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Privacy Breach and Data Breach liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Smart Home Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please Select the Sum Insured from the following options: _Rs. _____

Sum Insured Options

Rs 10,000	Rs 20,000	Rs 25,000	Rs 50,000	Rs 75,000	Rs 1,00,000
Rs.1,50,000	Rs. 2,00,000	Rs. 2,50,000	Rs. 3,00,000	Rs. 5,00,000	Rs. 10,00,000
Rs. 20,00,000	Rs. 50,00,000	Rs. 1,00,00,000			

13. Do you want Sum Insured on Tie- in/Standalone for the covers selected?

If Yes, please mention the single Sum Insured:

(From the range mentioned above)

Tie- in ☐ Standalone ☐

14. Do you wish to extend the coverage opted above to the Insured's Family?

(Family means four member unit including husband, wife and two children)

Yes ☐ No ☐

If Yes, please provide the details of the family members for every Insured Member in the Annexure.

Name of Insured	Employee Code (If applicable)	Name of family members	Relationship	Date of Birth	Name of Nominee/ Assignee	Address of the Nominee/Assignee

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)

15. Security incident and loss history

Are you or your family (if applicable) aware of any incidents or circumstances (currently or in the recent past) which is likely to lead to you suffering a loss or a claim being made against you which would be covered under any of the sections of this policy you applying for?

If yes, please provide details of the incidents.

Yes ☐ No ☐

16. Do you wish to select deductibles? Yes/No. If Yes, deductible of 10% will be applicable:

S. No	Coverage
1	
2	
3	
4	

17. Claims Experience and Insurance History

Please provide details of your current insurance policies

Type of Cover	Amount of Loss/ Damage	ExpiryDate	Limit	Deductibles	Premium	Insurer

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 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 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 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.
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