

**PROPOSAL FORM -  
ELECTRONIC EQUIPMENT INSURANCE**



**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. 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 and address of proposer				
	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")				
	Type of business				
	Location of equipment to be insured (address of building/ storey)				
	Structure of building	<input type="checkbox"/> Steel skeleton	<input type="checkbox"/> Brickwork	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood
2.	Has any of the equipment to be insured previously been covered by other insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If so, which items of the specification and by which companies?				
	a) State when the Insurance is to commence? Note-Period of Insurance to expire at the same date next year.	Date _____			
3.	Is all the equipment to be insured new?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If not, which items of the specification are second hand?				
	What equipment can still be obtained ex works? (State items of the specification)				
	4. Condition of equipment -				
	Is the equipment maintained in accordance with the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	Quality of staff -				
	Have operators been trained with manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	Is there a risk of flood and inundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If so, specify	<input type="checkbox"/> By bodies of water <input type="checkbox"/> By torrential rainfall <input type="checkbox"/> By sewer backflow <input type="checkbox"/> Or by others			
7.	Are dangerous materials used in the vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If so, specify	<input type="checkbox"/> Acids	<input type="checkbox"/> Prepared or sensitized papers	<input type="checkbox"/> Dyes	<input type="checkbox"/> Test solutions
		<input type="checkbox"/> Developers	<input type="checkbox"/> Explosives	<input type="checkbox"/> Isotopes	<input type="checkbox"/> Others

8.	Valid Maintenance Contract in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, Copy to be enclosed	
9.	Air conditioning Plant	<input type="checkbox"/> Pressurized <input type="checkbox"/> Recommended by manufacturers <input type="checkbox"/> not necessary

We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at \_\_\_\_\_ this day of \_\_\_\_\_ (Date) \_\_\_\_\_ Signature

**ELECTRONIC DATA PROCESSING (EDP)** Additional questionnaire for the Insurance of Electronic Data Processing (EDP systems)

1.	Name and address of proposer	
	Type of business	
2.	EDP System -	
	a) If the system is rented state monthly rent	Rs. _____
	b) Date of start of operation	
	c) Operational hours per day in shifts	
	d) Name and address of manufacturer and/or lessor.	
	e) What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish copy of lease contract if available.	
3.	Housing of the EDP System -	
	a) Central Unit -	<input type="checkbox"/> Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> Floor
	b) Peripheral Unit -	<input type="checkbox"/> Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> Floor
	c) Total value of plant located -	In basement Rs. _____ On ground floor Rs. _____ On floor Rs. _____
	d) Is Installation in accordance with the manufacturer's recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, specify deviations from instructions	
	e) Manner in which the EDP system has been installed	<input type="checkbox"/> On vibration absorbers <input type="checkbox"/> On rollers <input type="checkbox"/> By rigid anchoring <input type="checkbox"/> Without anchoring
4.	Air-conditioning Plant -	<input type="checkbox"/> Prescribed <input type="checkbox"/> Recommend by the manufacturer <input type="checkbox"/> Used for EDP system only
	a) Maintenance -	<input type="checkbox"/> by the manufacturer by _____
	b) Loss prevention -	
	c) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	<input type="checkbox"/> Yes, in the case of excessive - <input type="checkbox"/> No <input type="checkbox"/> Temperature <input type="checkbox"/> Moisture
	d) Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optical <input type="checkbox"/> Moisture <input type="checkbox"/> in the case of <input type="checkbox"/> Acoustic signal Presence of corrosive gases <input type="checkbox"/> Excessive temp.
	e) Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	External Data Media – Note - Please answer the following questions only, if insurance is desired.	Mark those data media, which are stored in the same hazard zone as the EDP system with an 'A' in the column 'Location of the specification' Mark data media stored in another hazard zone with a 'B'
	a) Storage -	<input type="checkbox"/> On wooden shelves <input type="checkbox"/> In steel cabinets <input type="checkbox"/> In fire-proof cabinets <input type="checkbox"/> Together with EDP system
	b) Air-conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
	if not, how is air conditioning effected?	
	c) Risk aggravating circumstances as in the storage rooms -	<input type="checkbox"/> steam & water lines <input type="checkbox"/> vibrations <input type="checkbox"/> acid atmosphere

6.	Conditions (Excess) desired	<input type="checkbox"/> 2 times <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times
7.	A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.</p>		
Executed at _____ this day of _____(Date)		_____ Signature

**INCREASED COST OF WORKING –Additional Questionnaire for the Insurance of Increased Cost of Working as a result of failure of EDP systems**

1.	Name and address of proposer	
	Type of business	
2.	EDP System to be insured -	
	a) Operational hours on average	<input type="checkbox"/> per day <input type="checkbox"/> per month
	b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please specify.	
3.	Outside EDP system available for use -	
	a) Name and address of -	Owner
		Lessee
	b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please specify	
	c) Has the system already been used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, how often?	Max. duration _____ Max. Cost Incurred _____
	d) Causes	
4.	Sums to be insured -	
	a) Rent of substitute Equipments	Rs. _____ per hour
	b) Indemnity period per occurrence	_____ Weeks
	c) Limit per occurrence (a x b)	Rs. _____
	d) Aggregate indemnity limit during the period of insurance	Rs. _____
	e) Personnel Expenses	Rs. _____
	f) Transportation of material	Rs. _____
5.	Conditions desired -	
	a) Period of indemnity per occurrence (minimum)	_____ Weeks
	b) Time Excess	<input type="checkbox"/> 4 days (96 hrs) <input type="checkbox"/> 7 days (168 hrs) <input type="checkbox"/> 14 days (336 hrs) <input type="checkbox"/> 28 days (672 hrs)

We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at \_\_\_\_\_ this day of \_\_\_\_\_(Date) \_\_\_\_\_ Signature

**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)

**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 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 Sompoo 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:**

<p>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.</p> <p>2.I understand that the company has the right to call for documents to establish the sources of funds.</p> <p>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.</p> <p>4.Nationality: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country _____</p>
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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](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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