PROPOSAL FORM -
EMPLOYEE'S COMPENSATION INSURANCE POLICY

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

If at anytime during the period of Insurance any Employee of the Insured so declared shall sustain injury by accident arising out of and in the course of his employment in the business, indemnity shall be under law(s) opted for, subject to the terms, exceptions and conditions contained in the policy wordings or endorsed hereon, upto the limit of indemnity against all sums for which the insured shall be so liable which is agreed by the insurer and mentioned on the policy schedule. * Marked 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	

PROPOSER'S DETAILS

Name of the Proposer*						
PAN/ Aadhar Number:						
UID:						
GSTIN						
Communication Address*	Plot No/Flat No.		Building name		Area	
	City		Pin code		State	
	Contact Number		Email ID			
Address Proof	Aadhar Card ☐ Driving License ☐ Passport ☐ Voter ID ☐ Others ☐					
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.

Do you have an EIA Account? If Yes, Account Details : _____

If No, I would like to apply for EIA with Karvy ☐ CAMS ☐ NSDL ☐ CSDL ☐

Are you a Politically Exposed Person? Yes ☐ No ☐
(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")

Location of risk to be covered*	Is risk location same as above address? Yes ☐ No ☐					
(please provide annexure in case of	(if No, provide details of risk location below)					
more than one location)	Plot No/Flat No.		Building name		Area	
	City		Pin code		State	
Particulars of work to be covered in Detail:						
Period of Insurance*	From: Hrs. on dd/mm/yyyy To: Midnight of dd/mm/yyyy					

COVERAGE REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coveage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs._____ b) Limit Per Accident for any number of Employees Rs._____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs._____	

Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	d) Limit Per Employee for any number of accidents during Period of Insurance Rs._____ e) Aggregate liability for all accidents during the Period of Insurance Rs._____	
Occupational Diseases		f) Limit Per Employee Rs._____ g) Aggregate liability of the company for all employees during the Period of Insurance Rs._____	
Contractors Employees		Limit: As per Employees Compensation Act	

ALL PERSONS EMPLOYED MUST BE INCLUDED

*Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]**

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

** Please attach additional sheets if requried.

Does the above, schedule include (a) All persons in your service? (b) All your contractors/subcontractors?	Yes ☐ No ☐ Yes ☐ No ☐
Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	Yes ☐ No ☐
Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	Yes ☐ No ☐
Are you at present insured or have your ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	Yes ☐ No ☐
Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined..... Yes ☐ No ☐ (b) Withdrawn..... Yes ☐ No ☐

State the total Wages paid and particulars of accidents to your employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

State the total wages paid and particulars of accidents to your contractors employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

** Please attach additional sheets if requried.

Do you want to cover?	
a. Medical Expenses	Yes ☐ No ☐
b. Occupational Disease	Yes ☐ No ☐
c. Coverage for Contractors Workers/Employees	Yes ☐ No ☐
d. Terrorism	Yes ☐ No ☐

OTHER RELEVANT INFORMATION*

1. Fire Protection Facility: Please Tick in the box below
   Portable Extinguishers ☐ Smoke detector systems ☐ Fire Engine ☐ Hydrant System ☐ Sprinkler System ☐

2. Distance from nearest fire brigade station: Please Tick in the box below
   <5 km ☐ < 10 km ☐ >= 10 km ☐

3. Distance from nearest hospital: Please Tick in the box below
   <5 km ☐ < 10 km ☐ >= 10 km ☐

4. Maintenance Standard: Please Tick in the box below
   More than 1 year ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

5. Electrical Installations: Please Tick in the box below
   Low transmission cables ☐ High transmission cables ☐
   Transformers which are further divided into :
   a. less than or equal to 10 mega bolt ampere ☐ b. more than 10 mega bolt ampere ☐

6. In-house practices & labor welfare measures: Please Tick in the box below
   ISO Certification, HAZOP study & Certification, Best Employee Practices and Certifications, mock drills, safety instructions, emergency plan, protection gears, Underground, etc ☐ Mock drills & safety instructions ☐ None ☐

7. Location of the premises: Please Tick in the box below
   Plain surface ☐ Underground ☐ Hilly area ☐ Wet works ☐

8. What is the frequency of the audit? Please Tick in the box below
   More than 1 year / No audit carried out ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

9. Medical Facilities: Please Tick in the box below
   Nursing centre with OPD facilities, in-house/on-call doctor, ambulance ☐ Nursing centre ☐ None ☐

10. Premium / Claim details for the past 3 policy periods*

Year	Claim Description	Premium (Rs)	Claim Amount (Rs)

11. Whether insurance was declined by any other company or imposed any special conditions (Give details)*

12. Any other relevant information to specify?

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 : ☐ 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 ☐ Current ☐ Other (Please Specify) ☐	
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 ☐ 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

*

USE IF FILLED BY SCRIBE
DECLARATION
(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE* OR FOR FORMS SIGNED IN VERNACULAR LANGUAGES)

I _____ (**Full Name**), have explained to the Proposer, that the answers to the questions form the basis of the contract for _____ Policy between the Company and the Propose Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Propose Policyholder has signed / affixed his/her right thumb impression in my presence.

I, the Propose Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

ADDRESS OF SCRIBE
City/Village
State
Place
Pin
Date

Signature of the Scribe
*Scribe is a person not connected with the Company

Signature / Right Thumb Impression of the Policyholder Proposer

Signature of Life Advisor / Broker as witness

USE IF FILLED BY OTHER THAN SCRIBE

IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNACULAR OR IF FORM HAS BEEN FILLED BY AGENT/EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED

I, (_____ _____), (_____) hereby declare that I have read & explained the contents of
Name of the Agent/Specified Person/Broker/Employee — Agent/Specified Person/Broker/Employee Code

the proposal form to the Proposed Insured/ Proposer in language and that I have read out to the Proposed Insured/ Proposer, the answers to the questions dictated by the Proposed Insured/Proposer . The information/answers filled in the proposal form by me on behalf of the Proposed Insured/ Proposer are exact replication of the information/answers provided to me by the Proposed Insured/Proposer and that the Proposed Insured/ Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Insured/ Proposer.

Signature of Agent/Specified Person/Broker/Employee

Signature/Thumb Impression of Proposed Insured/ Proposer

Witness Details:
Name : _____
Signature : _____
ID Proof Type : _____
ID Proof Number: _____

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

Version No USGI10_CR003

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 compliant along with details of phone call and number.
CIN: U66010MH2007PLC166770