

**PROPOSAL FORM -
FIDELITY GUARANTEE INSURANCE**



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

(The coverage will commence only on acceptance of the proposal and receipt of premium)

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. 4) 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 of the Proposer	
2)	Address of the proposer	
3)	Phone Number	
4)	Email id	
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	

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"/>
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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")

8)	Bank Account No.	
9)	Paid up capital of the firm	
10)	Business of the Proposer.	
11)	Since when Established	

12) Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? If yes please provide details (Please attach a separate sheet if necessary)	Yes <input type="checkbox"/> No <input type="checkbox"/>									
	<table border="1"> <thead> <tr> <th>Date</th> <th>Amount of loss (Rs)</th> <th>Circumstances</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Amount of loss (Rs)	Circumstances						
Date	Amount of loss (Rs)	Circumstances								

13) Has any Insurer in respect of the risks to which this proposal relates ever	
a) Declined a proposal, refused renewal or cancelled insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Imposed special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide details (Please attach a separate sheet if necessary)	

14) Which of the following types of cover do you require? (Please tick only one option)	
a) Cover entire workforce (please complete Question 12)	
b) Cover for selected categories of employees only (please complete Question 13)	
c) Cover for named employees only (please complete Question 14)	
Cover for selected categories of employees and named employees (please complete Questions 13 and 14)	

15) Cover for entire workforce			
Category of staff	No. of employees	Estimated annual wages (Rs)	Employee Sum Insured (Rs)
Staff with direct responsibility for money, stock, accounts or computer operations			
Other staff			

16) Cover for selected categories of employees		
Category of staff	No. of employees	Employee Sum Insured (Rs)

17) Cover for named employees (Please attach a separate sheet if necessary)					
Name	Designation	Duties	Since when, in service	Total remuneration (Rs)	Employee Sum Insured (Rs)

18) Period of Insurance From To

19) Is there a system to obtain references from previous Employers at the time of recruitment? If not, specify practice followed.										
20) State the estimate of maximum amount held by any employee at any one time and for how long?	<table border="1"> <tr> <td></td> <td>Money</td> <td>Stock</td> </tr> <tr> <td>Amount (Rs)</td> <td></td> <td></td> </tr> <tr> <td>Period (no. of weeks/months)</td> <td></td> <td></td> </tr> </table>		Money	Stock	Amount (Rs)			Period (no. of weeks/months)		
	Money	Stock								
Amount (Rs)										
Period (no. of weeks/months)										

21) Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?	
a) Is there close supervision of storage and custody of all stocks maintained?	
b) Are all deliveries to and from stores properly authorised?	

22) When was the last stock audit undertaken, by whom, and what did it reveal?	
23) When was the proposer last audited, by whom, and what did the audit reveal?	

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 : 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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