

PROPOSAL FORM -
HOUSEHOLDER'S 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@universalsompo.com

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		Intermediary Sales Persons 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) Bank Account No.	
6) Period of Insurance	
7) Occupancy	
8) Nomination	Nominee Name: Relationship with the insured:
9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions and details of property in which the financial institution is interested	
10) District in which the risk is located	
11) State in which the risk is located	
12) Pin code of the location of risk	
13) 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"/>
14) 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.

15) 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")

Coverage Proposed (Please fill in the relevant section you require)
Section 1- Fire and Allied Perils - Building & Contents

A.Covers Opted

1.Is there any policy in place for the same property?	Yes/No								
2.If Yes, please provide the details									
3.Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of Rs 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table><tr><th>Cover</th><th>Please tick</th></tr><tr><td>Home Building & Home Contents</td><td></td></tr><tr><td>Home Building Only</td><td></td></tr><tr><td>Home Contents Only</td><td></td></tr></table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only	
Cover	Please tick								
Home Building & Home Contents									
Home Building Only									
Home Contents Only									

B.Location of Home Building

Location of Home Building - full postal address with Pin Code.	
Is it in a multi-storey building or is it a standalone house?	
In case of multi-storey building, please provide the floor number of Your house	
Is there a basement to Your house?	

C.Details of Home Building

Please note:
Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc. It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:
a.garage, domestic out-houses used for residence, parking spaces or areas, if any;
b.compound walls, fences, gates, retaining walls, internal roads;
c.verandah or porch and the like;
d.septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

Section 2 - Burglary & Theft	
1. What protection is provided to: (a) Doors (b) Windows NB: Mention any specific precautions you have adopted for safeguarding your Property	
2. Does the premises have a boundary wall?	
3. a)Is the premises guarded by Watchmen? b) If so by how many and during what time?	
4. Are all jewellery & valuables secured in a secured place normally?	
5. Value at risk and limit of liability for contents: (The sum insured for the contents has to be the same as in case of fire section)	Value at Risk Limit of Liability (Full value basis / 40% of the value at Risk. if sum insured has to be same, there cannot be lower limit of liability(We mean to say that the Sum Insured should be 40% of the full SI under fire section in case the cover is opted on first loss basis.)
(i) Furniture (wooden & Steel) (On reinstatement value basis)	Rs
(ii) Clothings	Rs
(iii) Kitchen Utensils & cutlery	Rs
(iv) Gas Stove	Rs
(v) Bed linen & other similar items	Rs
(vi) Other items (Please attach a separate list of all items)	Rs
(vii) Domestic Appliances/Electronic Equipments (Reinstatement Value)	Rs
(viii) is it intended to be covered (Yes, Please guide in view of our observations above)	Rs

Section 3 - All Risk (Jewellery & Valuables)			
Description of the articles Gold/Silver/Diamond is any valuation certificate required above certain value, if yes, specify the limit(We would like to keep a limit of Rs.50000/- as limit for any one item/set. Please advise.) 1) Necklace 2) Rings 3) Ear Rings 4) Bangles 5) Other items	No. of articles	Wt. of the articles	Sum Insured
Portable Equipment Details:	Value as per Invoice		Date of Purchase
1)			
2)			
3)			

Section 4 - Plate Glass				
Sr. No.	Location	Type of Sign(Metal / Plastic/ Glow sign/ Neon Sign)	Dimension of Plate Glass/ Glow Sign	Sum Insured
1.				
2.				
3.				
4.				

Section 5 - Machinery Breakdown					
(Only Equipment/Machinery which are less than 10 years of date of manufacture can be covered. Following details must be provided in respect of each equipment/Machinery)					
Description	Make of the Equipment/ Machinery	Model of the Equipment/ Machinery	Sr.No. /Identification no. of the Equipment / Machinery	Year of Equipment / Machinery	Reinstatement Value
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipment/Machinery:					

Section 6 - Electronic Equipment Insurance

(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)

Description of the Equipment	Make of the Equipment	Model No.	Sr.No. / Identification no. Of the Equipment	Year of Manufacture	Reinstatement Value
Do you require cover for data media and system software? If so, provide (i) Reinstatement value of data media (ii) Repurchase cost for system software			Rs Rs		
Do you require cover for reproduction of data lost following identifiable damage to data media? If ‘Yes’, what is the limit required?			Rs		
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:					

Section 7 - Personal Accident

(Please give the following details for all persons to be covered under this section)
The Sum Insured for the non earning spouse is to be restricted to Rs.1 Lac only and only wider cover to be offered to the dependant children)

Name of the Person	Relationship with the proposer	Occupation	Date of Birth	Nominee	Sum to be insured (Rs)

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)

Section 8 - Baggage Insurance

Personal Belongings only	Sum Insured (This would be the limit of company’s liability for any one accident singly or collectively during the policy period) Rs
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Section 9 - Workmen’s Compensation

Serial No.	Type of work	Number of workers	Annual Wage for each Category or workers put together

Section 10 - Public Liability

Limit of Liability (Any one Accident Any one Year)	Rs
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Claims detail

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Incident & Cause	Loss Amount	Improvement made after the Loss

Section 11 - Fidelity Guarantee

1) 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"/>		
	Date	Amount of loss (Rs)	Circumstances

2) 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)					

3) Which of the following types of cover do you require? (Please tick only one option)					
a)Cover entire workforce (please complete Question 4)					
b)Cover for selected categories of employees only (please complete Question 5)					
c)Cover for named employees only (please complete Question 6)					
d)Cover for selected categories of employees and named employees (please complete Questions 5 and 6)					

4) 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			

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

6) 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)

7) Period of Insurance		From	To		
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8) Is there a system to obtain references from previous Employers at the time of recruitment? If not, specify practice followed.					
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9) State the estimate of maximum amount held by any employee at any one time and for how long?			Money	Stock
		Amount (Rs)		
		Period (no. of weeks/months)		

Section 12 - Pedal Cycle Protection

Pedal Cycle Details	Market Value (This would be the limit of company's liability for any one accident singly or collectively during the policy period) Rs. _____
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Section 13 - Golf Kit Protection

Golf Kit Invoice Details	Date of Purchase: Rs _____ Market Value: Rs _____
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Section 14 - Pet Protection

Pet Details	1) Type of Pet: Value of Pet: Rs _____ 2) Type of Pet: Value of Pet: Rs _____
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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 Summary	
Total Premium Rs	
Sectional Discount	
Premium After Discount	
GST Rs	
Total Amount Rs	

Past Loss Record			
Date of Loss	Incident & Cause	Loss Amount	Improvement made after the loss

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. <div>Amount (In Words):</div>	
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 <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet : <div>Name of Bank/Wallet</div>	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

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 toTen 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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