## PROPOSAL FORM - HULL DEDUCTIBLE 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

| Inte   | ntermediary Name, Contact No,<br>Code & Email  |   |  |   |  | Intermediary Sales Persons Name,<br>Contact No & Code          |                       |   |                           |   |               |                                |                             |  |
|--|--|---|--|---|--|--|-----------------------|---|---------------------------|---|---------------|--------------------------------|-----------------------------|--|
| Source Code/POS UID Aadhar No./PAN   |  |   |  | Policy Issuing Office Address & Code                              |  |  |                       |   |                           |   |               |                                |                             |  |
|  | (DEFINITE  | ANSWERS SHO   | OULD   | BE GIVEN FOR ALL C  | QUESTIONS, NO C                            | L<br>OLUMN SHO   | OULD BE LE            | FT BLAN                                       | IK OR CON                 | /PLETED                                   | WITH A '-' (  | DASH)                          |                             |  |
| (DEFINITE ANSWERS SHOULD BE GIVEN FOR ALL QUESTIONS. NO C  1. Proposer's Name in full: |  |   |  |   |  |  |                       |   |                           |   | ,             | ,                              |                             |  |
| 2. Proposer's Address:  2. Proposer's Address:   |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 3.   | Contact No. & Email  | Id:   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 4.   | Address Proof:   |   |  |   |  | Aadhar Card □ Driving License □ Passport □ Voter ID □ Others □ |                       |   |                           |   |               |                                |                             |  |
| 5. CKYC No:  |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
|  | confirm that there is  | s no change in r  | my ex  | sisting KYC details wh  | nich I have shared                         | l earlier. In c  | ase any ch            | ange in                                       | my KYC de                 | tails, I ur                               | ndertake to i | nform you in v                 | writing                     |  |
| 6.   | Do you have an EIA   | Account? If Yes   | s, Acco  | ount Details :  |  |  |                       |   |                           |   |               | _                              |                             |  |
| If No, I would like to apply for EIA with Karvy  |  |   |  |   |  |  | □ CAMS □NSDL □ CSDL □ |   |                           |   |               |                                |                             |  |
| (De<br>fore<br>or n<br>are<br>a PE   | you a Politically Exp<br>finition of PEP: "PEP<br>eign country. This wo<br>military officials, sen<br>related to a PEP eith<br>EP, either socially or<br>Proposer's business | are individuals<br>buld include ind<br>ior executives oner directly (cor<br>professionally" | s who<br>dividual<br>of stat<br>nsang                                | are or have been en<br>als who have or hav<br>te owned corporatio | e had positions of<br>ns, important pol    | f Heads of S<br>itical party                                   | tate or of g          | overnm<br>Close rel                           | ent, senio<br>lations of  | r politicia<br>PEP: Fam                   | ans, senior g | overnment, ju<br>are individua | udicial<br>als who          |  |
| 8.   | Details of aircraft to   | be insured  |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
|  |  |   |  | Air Frame   |  |  |                       |   |                           | Engines                                   |               |                                |                             |  |
|  |  |   |  | Passenger Sea   | ating Capacity                             |  |                       | Number & Da                                   |                           |   |               | Maximum                        | All                         |  |
|  | Make, Type &<br>Series No.   | Year of<br>Construction   | on   | Licensed  | Declared for the purpose of this Insurance | -  | ration/<br>fication   |   | ue of last<br>val of C of |   | ,,            | Upweight                       | Upweight of aircraft in Kgs |  |
|  |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 9.   | Value of the aircraf   | t   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
|  | Year of Purchase   | Price Paid  | Present value ofthe aircraft with standard instruments and equipment |   |  |  |                       | ment and accessories carried in the aircraft  |                           |   |               |                                |                             |  |
|  |  |   |  |   |  | Details  |                       | Value   |                           | ue  |               |                                |                             |  |
|  |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 10.  | Purpose for which  | the aircraft will   | be us  | sed:  |  |  |                       |   |                           |   |               |                                |                             |  |
| 11.  | Geographical limits  | for which mov   | er is ı  | required:   |  |  |                       |   |                           |   |               |                                |                             |  |
| 12.  | Will aircraft be flow  | vn at night?:   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 13.  | By whom will the m   | naintenance and   | d runi   | ning repairs be carri   | ed out                                     |  |                       |   |                           |   |               |                                |                             |  |
| 14.  | (a)Where will the a  | ircraft usually b   | e kep  | ot:   |  |  |                       |   |                           |   |               |                                |                             |  |
|  | (b) Is the aircraft n  | ormally kept in   | a har  | nger?:  |  |  |                       |   |                           |   |               |                                |                             |  |
|  | (c) If so, state type  | of construction   | n of h   | anger:  |  |  |                       |   |                           |   |               |                                |                             |  |
| 15.  | Will the aircraft be   | taxied by perso   | ns otl   | her than licensed pi  | lots or                                    |  |                       |   |                           |   |               |                                |                             |  |
|  | competent licensed   | d engineers? :  |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 16.  | Have you entered in  | nto any agreem  | nent w   | vith any party where  | by liability is                            |  |                       |   |                           |   |               |                                |                             |  |
| assumed or denied in respect of the operations of the aircrafts?:                      |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| Is so, give details.   |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 17.  | Has any insurance  | company at any  | y time   | ≘,  |  |  |                       |   |                           |   |               |                                |                             |  |
| (a).declined your insurance proposal?:   |  |   |  |   | Yes/No                                     |  |                       |   |                           |   |               |                                |                             |  |
| (b).cancelled or refused to renew your policy?:  |  |   |  |   |  | Yes/No   |                       |   |                           |   |               |                                |                             |  |
|  | (c).required an increased premium or imposed any special condition?:   |   |  |   |  | Yes/No   |                       |   |                           |   |               |                                |                             |  |
| If answer to (a) or (b) or (c) is "YES" please give details.                           |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |
| 18.  | Please state details   | of all accidents  | s/ loss  | ses during last 5 yea   | rs.  |  |                       |   |                           |   |               |                                |                             |  |
|  | Date of Brief details of accident Accident   |   |  |   |  |  |                       | Cost of estimate of repairs to Aircraft (Rs.) |                           | Amount of liability claims incurred (Rs.) |               |                                |                             |  |
|  |  |   |  |   |  |  |                       |   |                           | Thir                                      | d Party       | Passenge                       | er                          |  |
|  |  |   |  |   |  |  |                       |   |                           |   |               |                                |                             |  |

| 19. Give details of pilot who will fly the aircraft.  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
|---|---|--------------------------|---------------------------|----------------------|---------------------|-----------------------|--|--|--|--|--|--|--|--|
|   | Pilot   | Pilot                    | Pilot                     | Pilot                | Pilot               | Pilot                 |  |  |  |  |  |  |  |  |
| Name  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Age   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Type of aircraft flown  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Flying experience (in hours)  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (a) Total Day :   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (b) Total Night :   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (c) During last 3months:  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (d) On type & make of Aircraft proposed for Insurance:  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Current License   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (a)Date of expiry   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (b) Classification  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Details of accidents, if any, during last three years.  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| 20. Details of insurance required:  |   |                          |                           | •                    |                     |                       |  |  |  |  |  |  |  |  |
| (A)SECTION I – LOSS OR DAMAGE TO THE AIRCRAFT   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Whether cover required :  |   |                          |                           |                      |                     | Yes/No                |  |  |  |  |  |  |  |  |
| If so, risks to be covered:   | ·   |                          |                           |                      |                     | Flight/Taxying/Ground |  |  |  |  |  |  |  |  |
| (State "Flight", "Taxying", "Ground", "Moored" as the case  | e mav be)   |                          | . IIgity takying, ordatia |                      |                     |                       |  |  |  |  |  |  |  |  |
| (B)SECTION II – THIRD PARTY LIABILITY   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Whether cover required :  |   |                          | Yes/No                    |                      |                     |                       |  |  |  |  |  |  |  |  |
| If so, Limit of Indemnity (any one accident & any one year  | ·   |                          |                           |                      |                     | 165/140               |  |  |  |  |  |  |  |  |
| (C)SECTION III – PASSENGER LIABILITY  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Whether cover required:   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Limit of liability per passenger :  | ·   |                          |                           |                      | ident               |                       |  |  |  |  |  |  |  |  |
| Whether cover required on "Legal Liability"   |   |                          |                           | itted Liability Basi |                     |                       |  |  |  |  |  |  |  |  |
| basis or "Admitted Liability" (voluntary settlement) basis  | :   | <u> </u>                 | 7 / (41)                  | reca Elability Basi  |                     |                       |  |  |  |  |  |  |  |  |
| Baggage Liability   | ·   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Whether cover required:   |   |                          | Yes/No                    |                      |                     |                       |  |  |  |  |  |  |  |  |
| Limit of Indemnity per passenger :  |   |                          | Passenger.                |                      |                     |                       |  |  |  |  |  |  |  |  |
| 21. (a)Do you require Hull War Risks cover?:  |   |                          | L WAR & SRCC CO           | VFR                  |                     |                       |  |  |  |  |  |  |  |  |
| (b) If full Hull War Risks cover is not required, do you requ   | ire limited   |                          | 102                       | E Will a Silee co    | V L11               |                       |  |  |  |  |  |  |  |  |
| coverage for Malicious Damage/ Strikes,   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Riots & Civil Commotion/ Sabotage/ Hi-jacking?  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (c)Do you require cover for Deductible? :   |   | Yes/No                   |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| (d)Do you require separate cover for Spares? :  |   | Yes/No                   |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| If Yes, please specify Sum Insured separately for Storage   | Rs_   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| 22. Period of insurance from to   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
|   |   | 11011                    | <u>'-</u>                 | 10_                  | -                   |                       |  |  |  |  |  |  |  |  |
| Premium Payment and Bank Details:  Payment Option: Cheque Demand Draft Fund Tran.   | sfer Pay Ordo   | or 🗆 Dobit               | : Card                    | ard                  |                     |                       |  |  |  |  |  |  |  |  |
| Premium Amount Rs. Amount (In W.  |   | ет 🔲 ревл                | . card credit ca          | aru 🔲 casii          |                     |                       |  |  |  |  |  |  |  |  |
| For Cheque/DD/PO (Payable in favour of Universal Sompo Ger  |   | ompany 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 cheque, please provide your account details as mentioned bel  | (RTGS) / Interba  | nk Mobile Pa             |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR C   | K ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE          |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Name of Account holder  |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Bank Name & Branch:   |   |                          |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| Bank Account Number  IFSC Code  |   | +                        |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
|   |   | 1                        |                           |                      |                     |                       |  |  |  |  |  |  |  |  |
| AML Declaration:  | na fida courses   | d no pro-                | havo/will be asid -       | ut of proceeds of    | ima ralatad ta ance | of the                |  |  |  |  |  |  |  |  |
| 1.I/We hereby confirm that all premiums have/will be paid from bo offence listed in prevention of Money Laundering Act, 2002 and its 2.I understand that the company has the right to call for document 3.The insurance company has the right to cancel the insurance condirectly or indirectly governing the prevention of money laundering. | subsequent amen<br>s to establish the s<br>tract in case I am/h | dments.<br>ources of fun | ds.                       | ·                    | ·                   |                       |  |  |  |  |  |  |  |  |
| 4 Nationality: Indian  Non Indian  If Non Indian al   |   | ntm.                     |                           |                      |                     |                       |  |  |  |  |  |  |  |  |

| 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.   |
| 2.1/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.   |
| 3.1/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.   |
| 4.1/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.   |
| 5.1/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".                                   |
| 7.1 am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer ( <a href="www.universalsompo.com">www.universalsompo.com</a> ). 8.1/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".                   |
| 9.1/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 <a href="https://www.universalsompo.com">www.universalsompo.com</a> 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   |
| and conditions and the Liv   |
| 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 Lundertake to inform you in writing with the copy of  |

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.
- $2. \ \, \text{Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.}$

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