

**PROPOSAL FORM -  
INLAND FRESH WATER FISHERY 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  
(A Certificate given by a qualified Fishery Official must accompany this Proposal)

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	

Please answer all questions below

1. (a) Name of Proposer in full :																									
(b) Address :																									
(c) Telephone/Mobile No./E-mail ID :																									
2. 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"/>																								
3. 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.																									
4. 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")																									
5. Period of Insurance : From _____ to _____																									
6. Name , Location & Description of the Project : (whether pond, lake or tank) Farm layout plan is to be attached																									
7. No. of Ponds/Tanks & their water area:																									
8. Whether the Project is owned by the proposer or taken on lease from the Government or local body or other sources. Please furnish the details.:																									
9. (a) Whether the project comes under any Central or State subsidy schemes. If so, its name and subsidy amount :																									
(b) Details of Bank interest or any hypothecation with loan amount.																									
10. Whether the water movement in the project is controlled by suitable inlets, outlets and sluices :																									
11. What is the strength of bunds (a)Is top of bund brought upto height from surrounding ground level : (b)Topwidth : (c)Bottomwidth : (d)Volume of Bunds : (e)Has there been any bursting of bunds: (f)Is the location of Farm area flood prone? If so, give the details of loss of fish and bunds for last three years (g)Name of the owners of ponds adjoining/located near the proposer's farm																									
12. Species of Fish to be stored, number of fish/fingerlings & its cost																									
	<table border="1"> <thead> <tr> <th>Pond Nos</th> <th>Breeds</th> <th>Total No.</th> <th>Present weight</th> <th>Size</th> <th>Cost(Rs)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Pond Nos	Breeds	Total No.	Present weight	Size	Cost(Rs)																		
Pond Nos	Breeds	Total No.	Present weight	Size	Cost(Rs)																				
13. (a) Date of stocking (Pondwise) : (b) Source of supply seed :																									
14. Are the fish/fingerlings free from disease, defect, parasitical attacks and equipments :																									
15. (a) Expected date of harvest at the end of crop period and output(Pondwise) : (b)To whom do you sell the fish ? : (c)Name of Packer who does packing job for you																									
16. How long the proposer is in the fish farming? :																									
17. Full details of technical advice, assistance and the control provided																									
18. Loss Records and cause of loss for the last three years :																									
19. Please indicate the details of any declinature or special conditions or increased premium imposed by any insurer																									
20. Is it a non flood prone area? If so, give details. :																									
21. Whether Extension for coverage of bunds/sluice gate is required	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
22. Whether Extension for coverage of diseases, Other Viral form of epidemics &/or Parasitical attack is required	Yes <input type="checkbox"/> No <input type="checkbox"/>																								

I / we hereby propose to insure the above-mentioned fishes owned by me / us with Universal Sompo General Insurance Co. Ltd. subject to the terms & conditions and exclusions of the Company's Policy. I / we warrant that the answers to the above queries are true and that all the Prawns are correctly described are in good health and free from any vice. I/We also confirm that they are and shall be used solely for the purpose stated above. I / We declare that no information material to the insurance has been withheld and agree that this proposal shall be the basis of the contract between the Company and me/us.

Date:

Signature of Proposer

**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)

**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 <input type="checkbox"/> Current <input type="checkbox"/> Other ( Please Specify ) <input type="checkbox"/>	
Fund Transfer/Wallet : <input type="checkbox"/> Name of Bank/Wallet <input type="text"/>	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:**

- 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.
- I understand that the company has the right to call for documents to establish the sources of funds.
- 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.
- Nationality: Indian  Non-Indian  If Non-Indian, please specify the country \_\_\_\_\_

 **Declaration**

- 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.
  - I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
  - 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.
  - 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.
  - 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.
  - 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".
  - 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)).
  - 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".
  - 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.
  - 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.
  - 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
  - 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.
  - 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 NCPRI/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**

- 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
- 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

**Certificate of the Fishery Officials**

I have gone through the answers given in the proposal and confirm the correctness of the answers. I also declare that the Fish/Fingerlings are free from any disease, defect and parasitical attacks and the project area is free from epidemics and the chemical condition of the soil and the physical and chemical conditions of water do not harm the crop. I also recommend the acceptance of this proposal.

Place:  
Date:

Signature of Fishery Extension Officer  
Name & Designation:

**SCHEDULE**

(This schedule is to be filled in and to be attached with every proposal form duly certified by the Fishery Extension Officer)

This schedule is to be attached with every proposal form under Inland Freshwater Fishery Insurance and to be certified by the Proposer and Fishery Official

Sl	Pond No.	Water Area	Surface Area	Depth of Water	No. of PL stocked & age	Condition of Post Larvae	Whether stress test has been carried out & survival rate during test	Date of Stocking	Date of Harvesting	Expected Survival Rate%	Source of purchase of PL	*S.L
1	2	3a	3b	3c	4	5	6	7	8	9	10	11

\* Sum Insured(SI) or Peak Value of the stock of fishes pond wise is to be determined on Input basis as per the enclosed proforma (vide Annexure A).

**Declaration and Certificate**

We hereby declare and certify that the fry/fingerlings/breed stock have been stocked as stated above and are free from any disease or defect and the sum insured/ peak value are correct to the best of our knowledge.

Place:  
Date:

Signature of Fishery Extension Officer  
Name & Designation:

**Annexure 'A'  
Details of Operational Cost**

**Basic Information:**

1.Type of Farming :(extensive, semi-Intensive or intensive)	
2. Farm Size :(Total Water Area)	
3. Size of each Pond:	
4. Total No. of Pond:	
5. Cultural Period per:Crop	
6. Seed stocking rate/ha:	
7. Average shrimp size at :Harvest	
8. Average yield:	
9. Feed conversion ratio:	

**Operational Cost per Pond**

1.Cost of Seed per thousand: Rs.....per thousand	
2. Cost of feed/pond: (@Rs....per kg)	
3. Cost of Chemicals manure per:Rs..... ha for pond preparation	
4.Charge for fuel & electricity:Rs.....per crop	
5. Labour Charge for pond preparation ,stocking:Rs.....etc.	
6. Maintenance /Repairs Charges including the :Rs.....Labour per crop	
7. Staff Salary : Rs.....	
8. Miscellaneous expenses; Rs.....	
Total Rs .....	
Production Cost per h.a. : Operational Cost /Yield/Pond.....Rs	

**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 Sampo 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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