

**PROPOSAL FORM -
JEWELERS BLOCK INSURANCE POLICY**

Registered and Corporate Office : Unit No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai 400093.

Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.com

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

| | | | |
|---|--|--|--|
| 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 | |

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|-----|---|---|
| 1) | Name of the Proposer : | |
| 2) | Address of the Proposer where the risk is located : | |
| 3) | Phone Number : | |
| 4) | Email : | |
| 5) | Bank Account No. : | |
| 6) | Occupation/ Business of the proposer (Please indicate if it is wholesale/Retail,Manufacturing /Pawn Broking): | |
| 7) | Do you wish to cover the interest of any financial institution- if yes, give the names of all financial institutions: | |
| 8) | District in which the risk is located: | |
| 9) | State in which the risk is located: | Pincode: |
| 10) | 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"/> |
| 11) | 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. | |
| 12) | 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") | |
| 13) | Construction of the Building: | |
| | a) Walls : Bricks <input type="checkbox"/> RCC <input type="checkbox"/> Others <input type="checkbox"/> b) Roof : Concrete <input type="checkbox"/> AC sheet <input type="checkbox"/> Metallic sheet <input type="checkbox"/> Tiles <input type="checkbox"/> Others <input type="checkbox"/> | |
| 14) | The floor on which the shop is located (Ground / No of Floors) : | |
| 15) | Are you the only occupier of the building? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16) | If not, who are the other occupier's of the building (Occupation / Type of Building) : | |
| 17) | Does the premises remain occupied at night by you or your representatives? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18) | Is there a watchman on your premises (If the answer is Yes, please specify the following)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 19) | Whether the watchman is exclusively for your premises or a common watchman for a no. of shops? | Exclusive <input type="checkbox"/> Common <input type="checkbox"/> |
| 20) | Do you have armed guard for your premises ? If yes, whether during business hours or on 24 hours basis? | Yes <input type="checkbox"/> No <input type="checkbox"/> Business hours <input type="checkbox"/> 24 hours basis <input type="checkbox"/> |
| 21) | Is there a burglar alarm installed in your premises? If yes please mention the name of the manufacturer of the same: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 22) | Do You have a CCTV installed in the premises? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 23) | Are your display windows protected by rolling shutters after business hours? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 24) | How are the main doors secured after the business hours? | |
| 25) | Is the safe used by You Burglar proof / Theft Resistant: Please give: Make of the safe: _____ Name of the maker: _____ | Burglar proof <input type="checkbox"/> Theft resistant <input type="checkbox"/> Is it wall mounted: _____ |
| 26) | Is there any opening (like AC ducts etc.) other than the main doors ? How are they protected? | Yes <input type="checkbox"/> No <input type="checkbox"/> Protection _____ |
| 27) | Sum Insured: a) Section I (Contents Whilst in the shop during and after business hours) : N B : The stocks are not covered if not kept in the safe after business hours. SECTION 1 is compulsory | Rs. |
| | b) Section II (Contents excluding cash & currency notes Whilst under the custody of You, your partners, employees, directors and persons not in your regular employment such as brokers, agents, cutters, sorters or goldsmith : | Rs. |
| | c) Section III (Contents excluding cash & currency notes Whilst in transit by Angadias and or by Air craft /Rail/Road, registered post parcel or inland waterways) : N.B. Contents mean Jewellery, Gold, Silver Pearls, Diamond, Cash & Currency Notes | Rs. |

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| | <p>d) Section IV (Business and office Furniture ,Fixtures, Fittings, Safes , Electrical Installations, Office Machinery ,Electrical & Mechanical appliances , tools and instruments)</p> <p>NB: i) The Sum Insured for section I, should represent the market value of the items to be insured.</p> <p>ii) The Sum Insured for section II should represent the maximum value likely to be in the hands of Directors, partners etc.</p> <p>iii) The sum insured for Section III should represent the maximum value in transit at any one point of time</p> <p>iv) The Sum Insured under section IV should represent the Replacement value of the property to be insured.</p> | |
| 28) | <p>Past Claims records:</p> <p>a) Have You ever sustained losses in past?</p> <p>b) If yes, please give details of such losses during past 5 years (Whether covered under any insurance policy or not)</p> <p>c) Please mention the type of losses and the causes also:</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 29) | <p>Are You covered under an Insurance policy at present and if yes, please provide the following details:</p> <p>a) The name of the Insurance Company:</p> <p>b) The period of Insurance:</p> <p>c) The type of policy and sections / covers opted:</p> <p>d) The Sum Insured:</p> | |
| 30) | <p>Has any Insurance company in past?</p> <p>a) Declined your proposal</p> <p>b) Cancelled or refused to renew your policy</p> <p>c) Accepted Your proposal on special terms & Conditions:</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 Sampo 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 Sampo 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 Sampo 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.universalsampo.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.universalsampo.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 Sampo 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 NCPDR/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 Sampo 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

SECTION 41 OF INSURANCE ACT, 1938 – 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 of risk relating to lives or property in India, any rebate of 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 published prospectuses 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, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999 |

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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