

**PROPOSAL FORM -
JEWELLER'S COMPREHENSIVE - SOOKSHMA UDYAM**



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 Proposer			
2. Address of Proposer			
3. Name of Person to whom the policy has to be dispatched	Telephone No:	Mobile No.	
	Fax No.	Email	
	4. 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"/>		
5. 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.

6. 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")

7. Period of Insurance:	From	To	
8. Occupation/ Business Activity			
9. Paid Up Capital			
10. Do you wish to cover the interest of any financial institution- if yes, give the names of all financial institutions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Details of the location to be covered under the policy (You could attach a list of all branches separately)

Sr. No.	Risk location Address	District	Pin Code	Occupancy		Construction	
				Own/ Rented	Any Basement Exposure	Wall	Roof
					Yes <input type="checkbox"/> No <input type="checkbox"/>		
					Yes <input type="checkbox"/> No <input type="checkbox"/>		
					Yes <input type="checkbox"/> No <input type="checkbox"/>		
					Yes <input type="checkbox"/> No <input type="checkbox"/>		
					Yes <input type="checkbox"/> No <input type="checkbox"/>		

Construction: Wall/Roof (A) Brick (B) Concrete (C) Steel (D) Wooden (E) Others

Details of insured property

The floor on which the shop is located	Ground/ no of floors
Are you the only occupier of the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, who are the other occupier's of the building	Occupation/ Type of business
Does the premises remain occupied at night by you or your representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a watchman on your premises (If the answer is Yes, please specify the following)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Is the watchman there only during business hours or on 24 hours basis	Business Hours <input type="checkbox"/> / 24 hours basis <input type="checkbox"/>
Do you have armed guard for your premises and 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"/>
Is there a burglar alarm installed in your premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please mention the name of the manufacturer of the same	

Do You have a CCTV installed in the premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your display windows protected by rolling shutters after business hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are the main doors secured after the business hours?	
Is the safe used by You Burglar proof / Theft Resistant	Burglar proof <input type="checkbox"/> / Theft resistant <input type="checkbox"/>
Please give: 1)Make of the safe: 2)Name of the maker	Is it wall mounted
Is there any opening (like AC ducts etc.) other than the main doors ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are they protected?	Protection

SECTION I: STOCK IN PREMISES	Basic Sum Insured (S.I.)
a. Stock and Stock in trade on Premises (In Display Windows , Counters, Strong Room , Safes)	
(i)	
(ii)	
b. Stock and Stock in trade outside Locked Safe/Strong Room anywhere in the Insured Premises outside of business hours.(Pls attach Annexure if more than one Location Exists) Do you wish to Opt for and waiver of Under Insurance Up to 15%?	
c. Cash and Currency Notes on Premises.	
d. Stock and Stock in trade in Vaults, Safes and Bank Lockers outside premises Address of Vault, Safe bank Lockers outside Premises: (Pls attach Annexure if more than one Location Exists)	
e. Do you wish to Opt for waiver of Under Insurance Up to 15%?	

SECTION II: STOCK IN CUSTODY OF THE INSURED AND SPECIFIED PERSON

1. a. Property Insured whilst in the custody of Director(s), Employee(s) including contract employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of yours.	
2. Property insured whilst in the custody of Cutter(s), Broker(s), Agent(s), Gold smith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of yours.	
3. Property insured whilst in the custody of the employees of the Insured's Group / Associate / Sister Concern operating from the same premises as of the insured. Please provide the Name of the Insured's Group / Associate / Sister Concern:	
Note: If the value of Property at any place were in excess of Rs. 5 Lacs, the same should be stored overnight or during non-business hours in a burglar proof safe.	
4. Are you maintaining pre numbered Jangad Slips in respect of the property taken out of your premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the record keeping manual or computerized?	Manual <input type="checkbox"/> Computerized <input type="checkbox"/>
Would the stock and stock in trade be entrusted to only your partners and employees? If No ,please specify the category of persons to whom it would be entrusted (category of persons shall mean partner(S), employees, Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s))	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) in business for more than 3 years? If Yes please state no. of years they have been in Business.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has there been any past losses known to you sustained by them whilst gold and other ornaments belonging to their customers was in their care and custody .	Yes <input type="checkbox"/> No <input type="checkbox"/>
Under this Section has there been any loss reported/ sustained by you during the last three years.	

SECTION III: STOCK IN TRANSIT

DESCRIPTION	SUM INSURED
1.By registered Post Parcel	
2. By Air Transit	
3. By Angadia	
4. By Couriers/logistic companies	
5.Are you willing to declare 100% of the value of the consignment to the Post Parcel /air carrier/angadia/ Couriers/logistic company? If No, please declare the percentage you are willing to declare to the Post Parcel /air carrier/angadia/ Couriers/logistic company.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the transits by Air/Road through Professional and well reputed Facility Management Companies? If yes, please provide name(s) of the company(ies):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Under this Section has there been any loss reported during the last three years. If yes please give details :	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION VI - FIRE AND ALLIED PERILS - BUILDING & CONTENTS

Business of Proposer						
Location of risk/business to be covered - full postal address with Pin Code.	Sl.No.	Address	Pincode	Occupancy	Age of unit	Floor*
*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).						

A. Details about business covered at the insured location

1.	Details of insured property	Please tick in the space below :
	a. Offices, Shops, Hotels etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b. Industrial / Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c. Storage outside Industrial/ Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	d. Tanks / Gas holders outside Industrial/ Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	e. Utilities located outside Industrial/Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	f. Boundary wall	<input type="checkbox"/> YES <input type="checkbox"/> NO
	g. Basement storage	<input type="checkbox"/> YES <input type="checkbox"/> NO
	h. Others (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
3.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
4.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
5.	Fire Protection devices installed	Please tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.
6.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Construction details	
	a. Please state material used	Please tick the correct answer in the box.
	i) Walls	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	ii) Floor	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	iii) Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	<i>Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/ plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions</i>	
	b. Number of Floors	
	c. Age of the Building	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 20 years <input type="checkbox"/> Above 20 years
8.	Distance between the risk to be covered and nearest Fire Brigade	

B. Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis: -

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
- For raw material: Landed Cost
- For stock in process: Input cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

* Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

SR. No.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total

C. Details for in-built cover for Floater

1. Floater Cover (for stocks at various locations)								
<table border="1"> <tr> <td>Location (Postal address with pincode)</td> <td>Sum Insured (In ₹)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Location (Postal address with pincode)	Sum Insured (In ₹)						
Location (Postal address with pincode)	Sum Insured (In ₹)							
i) Maximum value at any one location: ₹ _____ ii) Whether stocks stored in open: Yes/No								

D. Optional Cover

1.Chandeliers Do you wish to cover contents on "First Loss Basis" if yes, please select the percentage required	25 % of the Total Sum Insured Under Cover B of Section4. 40 % of the Total Sum Insured Under Cover B of Section4.
---	--

SECTION V: BURGLARY INSURANCE

1.	Construction Details	Walls (Brick/RCC/Concrete Blocks/Stone/AC Sheet /Open Sided)	Roof (RCC/AC Sheet/ Tiles/ Thatched/ Open)	Age of the buildings	Height of the building	Number of storeys
		Yes/No	Yes/No			

Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks.

2.	What protection is provided to: NB: Mention any specific precautions you have adopted for safeguardin your property	Doors	Windows	Skylights, ventilators, exhaust fans, lights, air conditioners, trap doors

3. Are the premises occupied by you at night? If not by whom? YES NO

4. Are the premises guarded by exclusive armed Watchmen? YES NO

5. Are the premises at any time left unoccupied? If so how often and for how long? YES NO

6. Are all valuables secured in a safe(s) outside business hours? YES NO

7. Whether the safe is fixed to a wall or concrete bed? Give

a) Maker's name _____ d) Depth and _____

b) Height _____ e) Weight of Safe (s): _____

c) Width _____

8. How many keys are there to the safe (s) and with whom are they kept?
Can the safe(s) be opened by single key or by a combination of two or more keys?

9. Have any premises occupied by you been entered by thieves? YES NO
If so, give full particulars stating when and how access was obtained and the extent of the loss.
What precautions have been adopted to prevent such a recurrence?

10. The name of your existing insurance company _____
Policy No. _____
Period. _____

11. Has any company in respect of your Burglary Insurance declined your proposal?
Cancelled or refused to renew your policy? YES NO
Accepted your proposal on special terms and conditions? YES NO

12. a. Have you ever claimed upon any insurance for loss by burglary or house breaking? YES NO
b. If yes Please provide the Premium and Claims paid/ outstanding for the last five years/ available years

Year	Premium	Claims Paid & Outstanding	Claims Ratio in %
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Total			

13. Amount for which contents are currently insured against fire and name of the Insurer. _____

14. Is the insured location protected by a burglar alarm system? YES NO

15. Are there any other security systems or aids deployed, and if so, provide details YES NO

16. Is the burglar alarm system under a maintenance contract? YES NO

17. Do you intend to cover Burglary as result of Riot, Strike and Malicious Damage on payment of additional premium? YES NO

18. Do you want to cover losses due to theft peril also on limit of liability basis in addition to Burglary on payment of additional premium? YES NO

Note : Sum insured is to be provided on the reinstatement value basis except for stock
 Section 1 is compulsory for taking this Package policy (If the space provided is not sufficient separate sheet to be attached)
 Under Burglary and Robbery coverage options is available for choosing a cover on first loss basis cover. Please select the percentages of First loss limit.

10% 25% 50%

19. PROPERTY TO BE INSURED (GIVE FULL DETAILS)

Sr. No.	Item	Total Value at Risk	Limit of Liability opted	Specify Basis of valuation Market Value
A	Stock in Trade			
B	Goods Held in Trust or on commission for which the insured is responsible			
C	Furniture, Fixture, Fittings, Utensils & Appliances Used in your business			
D	Coins and Currency notes in a locked safe			
E	Valuables (Please Specify)			
F	Others (Please Specify)			
TOTAL				

NB: 1 To obtain full indemnity it is necessary to insure for the full value the property in the premises.

NB: 2 Market Value (for other than stocks) represents the replacement value of the item as New at time of Damage or Loss less due allowance for betterment, wear and tear and/or depreciation. Market value for stocks means the procurement value of stocks from the same or similar source.

Section VI: STOCK IN EXHIBITION

Description	Sum Insured
Estimated Aggregate Sum Insured During Policy Period	
Estimated number of exhibitions you would be participating during the Policy period?	
Maximum Value Per Exhibition:	
Do you also wish to participate in exhibitions held outside India? If yes , Maximum Value Per Exhibition:	
Expected duration of the longest Exhibition including transit and storage	
Is transit cover also required?	
Is the transit by Professional Security & Logistic Company or your own vehicle?	
Will sales also happen?	
Do you require cover for loss or damage caused by acts of terrorism during storage	

Section VII: 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?	Yes/No. If yes please provide details (Please attach a separate sheet if necessary)		
	Date		Date
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)
- 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	
8) Is there a system to obtain references from previous Employers at the time of recruitment? If not, specify practice followed.			
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 VIII - PLATE GLASS AND NEON SIGNS/GLOW SIGNS

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 IX: EMPLOYEE'S COMPENSATION

COVERAGE REQUIRED			
Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. _____	
Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	d) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ e) Aggregate liability for all accidents during the Period of Insurance Rs. _____	
Occupational Diseases		f) Limit Per Employee Rs. _____ g) Aggregate liability of the company for all employees during the Period of Insurance Rs. _____	
Contractors Employees		Limit: As per Employees Compensation Act	

ALL PERSONS EMPLOYED MUST BE INCLUDED

*Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]**				
Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

** Please attach additional sheets if required.

Does the above, schedule include (a) All persons in your service? (b) All your contractors/subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined..... Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Withdrawn..... Yes <input type="checkbox"/> No <input type="checkbox"/>

State the total Wages paid and particulars of accidents to your employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

State the total wages paid and particulars of accidents to your contractors employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

** Please attach additional sheets if required.

Do you want to cover?	
a. Medical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Occupational Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Coverage for Contractors Workers/Employees	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER RELEVANT INFORMATION*

1. Fire Protection Facility: Please Tick in the box below Portable Extinguishers <input type="checkbox"/> Smoke detector systems <input type="checkbox"/> Fire Engine <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/>
2. Distance from nearest fire brigade station: Please Tick in the box below <5 km <input type="checkbox"/> < 10 km <input type="checkbox"/> >= 10 km <input type="checkbox"/>
3. Distance from nearest hospital: Please Tick in the box below <5 km <input type="checkbox"/> < 10 km <input type="checkbox"/> >= 10 km <input type="checkbox"/>
4. Maintenance Standard: Please Tick in the box below More than 1 year <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually <input type="checkbox"/>

5. Electrical Installations: Please Tick in the box below
 Low transmission cables High transmission cables
 Transformers which are further divided into :
 a. less than or equal to 10 mega bolt ampere b. more than 10 mega bolt ampere

6. In-house practices & labor welfare measures: Please Tick in the box below
 ISO Certification, HAZOP study & Certification, Best Employee Practices and Certifications, mock drills, safety instructions, emergency plan, protection gears, Underground, etc Mock drills & safety instructions None

7. Location of the premises: Please Tick in the box below
 Plain surface Underground Hilly area Wet works

8. What is the frequency of the audit? Please Tick in the box below
 More than 1 year / No audit carried out Monthly Quarterly Half-yearly Annually

9. Medical Facilities: Please Tick in the box below
 Nursing centre with OPD facilities, in-house/on-call doctor, ambulance Nursing centre None

10. Premium / Claim details for the past 3 policy periods*

Year	Claim Description	Premium (Rs)	Claim Amount (Rs)

11. Whether insurance was declined by any other company or imposed any special conditions (Give details)*

12. Any other relevant information to specify?

SECTION X: ELECTRONIC EQUIPMENT

1.	Has any of the equipment to be insured previously been covered by other insurance companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, which items of the specification and by which companies?	
	a) State when the Insurance is to commence? Note-Period of Insurance to expire at the same date next year.	Date _____
2.	Is all the equipment to be insured new?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, which items of the specification are second hand?	
	What equipment can still be obtained ex works? (State items of the specification)	
3.	Condition of equipment - Is the equipment maintained in accordance with the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Quality of staff - Have operators been trained with manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is there a risk of flood and inundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, specify	<input type="checkbox"/> By bodies of water <input type="checkbox"/> By torrential rainfall <input type="checkbox"/> By sewer backflow <input type="checkbox"/> Or by others
6.	Are dangerous materials used in the vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, specify	<input type="checkbox"/> Acids <input type="checkbox"/> Prepared or sensitized papers <input type="checkbox"/> Dyes <input type="checkbox"/> Test solutions <input type="checkbox"/> Developers <input type="checkbox"/> Explosives <input type="checkbox"/> Isotopes <input type="checkbox"/> Others
7.	Valid Maintenance Contract in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, Copy to be enclosed	

SECTION XI –PUBLIC LIABILITY

Any one Accident Limit Rs.	Any one Year Limit Rs

OPTIONAL COVER

Would like to opt for Optional cover medical expense re-imbusement for accidental injury arising during the act of piercing? Yes No

SECTION XII: MONEY INSURANCE

DESCRIPTION	SUM INSURED
1 Please specify the locations between which the transit of money to be covered. ii. What is the mode of transit?	
2 Any one Transit Limit : Estimated Annual transit:	
3 Is there a daily written record of the money in transit and is it updated every day ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Money in transit whilst in Custody of authorized employees/ Insured to/from Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Do you require extension of cover for loss of money in transit caused by infidelity of the cash carrying employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Do you require extension of cover for loss of money caused by Riot, Strike, Malicious Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Past Claims Experience , If any	

SECTION XIII –PERSONAL ACCIDENT

Sr. No.	Employee Name	Occupation of Employee	Place of Employment	Date of Birth	Nominee Name	Capital Sum Insured
1.						
2.						
3.						
4.						

Note : (If the space provided is not sufficient separate sheet to be attached)

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.

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee	Bank A/C Details of Nominee

*If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Address of the Appointee

Note : (If the space provided is not sufficient separate sheet to be attached)

SECTION XIV: BUSINESS INTERRUPTION COVER

Sr. No.	Description	Sum Insured
1.		
2.		
3.		
4.		

SECTION XV: ALL RISK

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.)

	No. Of articles	Wt. Of the articles	Sum Insured
1)Necklace			
2)Rings			
3)Ear Rings			
4)Bangles			
5) Other items			

Portable Equipment Details:

	Value as per Invoice	Date of Purchase

SECTION XVI: MACHINERY BREAKDOWN

CONTRACT DETAILS	
Total Sum Insured	
Do the Machineries represent the whole of the Plant ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at present Insured ? If Yes, with whom ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any company Declined/Cancelled/ Refused to renew/ Accept on special terms in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give the details
Are you aware of existing defects/damages in the machinery? If so, give details thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are regular periodical inspections of the machinery done? If so, by whom and at what intervals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your machinery sustained any damage from breakdown or other cause during last 3 years? If so, give details of damage/s and repairing cost	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 : 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./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 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

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

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.
CIN: U66010MH2007PLC166770