

PROPOSAL FORM - MARINE HULL 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@universalsampo.com

Please ensure that the details furnished in the proposal form are correct and complete in all respects. The company's decision for acceptance of the risk will be on the basis of information provided below. In case of any doubt regarding the information to be provided, please seek advice from your insurance advisor or agent. Please attach additional sheets if required.

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	

Proposer's (Owner's) Name: _____

Address: _____

City: _____ State: _____ Pincode: _____

Contact No: _____ Email Id: _____

Address Proof: Aadhar Card ☐ Driving License ☐ Passport ☐ Voter ID ☐ Others ☐

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.

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")

Name of Financial Institution / Bank and address: _____

City: _____ State: _____ Pincode: _____

1. DETAILS OF THE VESSEL:

a) Name of Vessel:
b) Type of Vessel:
c) Is vessel registered under Merchant Shipping Act?
If yes, please provide Registration Number:
d) Tonnage:
i) G.R.T:
ii) D.W.T:
e) Registered Length:
f) Registered Breadth:
g) Registered Draft:
h) Flag Details
a) Flag State:
b) Flag of convenience (if (a) above is not applicable):
c) How many times have you changed your flag and why? (Please mention "n/a" if not applicable):
i) Is the vessel classed with a recognised classification society? If so state symbols allotted:
j) Licence details
(i) Is the vessel licensed or approved by any local authority? If so, please give full particulars:
(ii) Date up to which licence is valid:
k) When was the vessel last surveyed and by whom?
l) Is the vehicle equipped with (please mention Y/N wherever applicable)
(i) Windlass:
(ii) Rubbing Bands:
(iii) Fire Fighting Appliances: State type:
(iv) Twin Screw:
(v) Double Bottom:
(vi) Collision Bulk Head:
m) Is the vessel covered in Forward, Aft and Round Sides?
n) State the cruising speed of the vessel:
o) Details of special features, if any:

a) Name of Builders:
b) Place where built:
c) Material of which built:
d) If built of wood, state whether Copper Sheathed or not:
e) Year in which built:
f) If rebuilt or major repairs done, state when and give details of reconstruction carried out
g) If exact year of built is not known particularly for old vessel, give approximate age of vessel:

a)Port of Registry:
b)Name of Registration Authority:
c)Number of Registration Certificate:
d)By whom, where and when was the Vessel last surveyed:
e) International Maritime Organization Number (if applicable):

a)Year of purchase:		
b)Price paid by Proposer:		
c)Present Estimated Value of:		
(i)Hull Rs:		
(ii)Machinery Rs:		
(iii)Equipment and Accessories Rs:		
Total:		
(iv)	Estimated Value as per valuation report by:	Date:
(v) Amount proposed for Insurance:		
(i)	Hull, Machinery, Equipment and Accessories Rs:	
(ii)	Freight Rs:	
(iii)	Disbursement/ Increased Value Rs:	
Total:		
d)State the reason for the difference between the estimated value and the amount proposed for insurance as mentioned above (if applicable):		

a) Maker's Name:
b) Type of engine:
c) Year of Manufacture:
d) Fuel used and capacity of fuel tank:
e) Is Reverse Gear provided?
f) No of Propellers:
g) Horse Power:
h) No of Cylinders:
i) Type Engine Casing:

a) For what purpose is the vessel used?
b) Is the vessel engaged in trade as "Liner" or "Tramp" vessel?
c) Nature of cargo usually carried?
d) For what geographical limits is insurance required?
(Note: As the insurance of the vessel will be restricted to the above geographical limits it is important to state your requirement clearly)
e) Will the vessel be laid up during the south West or North East Monsoon?
(i) If so, where will it be laid up:
(ii) Period for which it will be laid up
f) Does the vessel ever undertake any tow? If so please attach form used by you laying down condition on which towage is accepted.

a) State brief details of the person who will be in-charge of the vessel.
(i) His qualifications:
(ii) Type of Licence / Certificate held and date of its expiry:
(iii) How long has he been in your employment?
(iv) Will he live aboard the vessel?
(v) What is the total number of crew on board the vessel

a) What accidents have happened during the past three years to any vessel owned by you?
b) If any, which of them are occurred in connection with the vessel herein proposed.
c) Past three years premium and claims experience of the fleet:

9. DETAILS OF OTHER INSURANCES (if applicable)

a) Has any company or Insurer
(i) Declined to accept your insurance?
(ii) Refused to renew your insurance?
(iii) Increased the premium on renewal?
b) Is the vessel at present insured with any other insurers?
c) Was the vessel previously insured with any other insurers?
(i) If so, Name of Insurer and address of issuing office
(ii) Previous Policy particulars:
1. Policy No.:
2. Insured Value:
3. Conditions:
4. Rate charged:
5. Period of Insurance:
6. Whether all instalment premiums were fully paid till expiry of earlier policy:

10. DETAILS OF FINANCIALS:

a) State whether any Bank or other financing institution is interested. If so, give details of loan granted:
b) Also confirm that whether you will assign the policy in their favour:
c) Also indicate details of loan repayment and confirm repayment is regularly done. If not, state reasons for default in repayment of loan:
d) State amount of your paid up capital:

11. DETAILS OF RISKS:

a) State the risks against you wish to insure your vessel:
(i) Total loss / Constructive Total / Loss Salvage Charges Sue & Labour Charges
(Limited cover):
(ii) Wider Cover:
(iii) SRCC cover:
b) Is insurance required against reducing premium?:
c) Is insurance against government war risks** required?:
d) For what period or voyage is the insurance required?
e) Conditions of Insurance:
f) Trading Warranties:
g) Deductibles opted(in case of partial loss):

** If vessel is registered under the Merchant Shipping Act, cover against War and S.R.C.C Risks is to be taken as per the Government Scheme of War Risk Insurance- Marine Hulls. Also vessels which are likely to go beyond Indian Territorial Waters at any time are to be covered under WRI scheme.

Premium Payment and Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	
Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Somp 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 <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country_____

☐ Declaration

1.I/We desire to insure with Universal Sompo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.

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

3.I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.

4.I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.

5.I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

6.I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

7.I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).

8.I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".

9.I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

10.**Go Green** - We would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form.

☐ By choosing this option, You wish to avail Physical Policy Copy.

11. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

12.I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.

13. ☐ I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.

I hereby consent to and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place:

Date:

Signature of Proposer

Disability Declaration

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:

Signature of Representative:

CKYC Declarations

1.I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place:

Date:

Signature of Proposer

Agent's Report:

I have known the Proposer for the last _____ years. I recommend acceptance of the proposal as the moral hazard is satisfactory.

Signature

Regional/ Branch Office Recommendation

Please Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

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 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