

PROPOSAL FORM -
PARAMETRIC ASSURE



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

Guidelines for completion of the form: 1. Please read the prospectus/ brochure and term sheet before filling in this form. 2. This Proposal Form must be completed and signed with all respect to the best of the proposer's knowledge and belief. 3. Answer all the questions fully and correctly, where any question does not apply, please mention clearly that the same is not applicable. Use additional sheets wherever space is not sufficient to fill up the details. 4. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts. If you think any fact is material, please disclose it. 5. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf. 6. Kindly contact our office or the Agents for any doubts or clarifications on the proposal form. 7. The liability of USGI does not commence until this proposal has been accepted by USGI 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	

PROPOSER DETAILS

Type of Proposer:	<input type="checkbox"/> Corporate <input type="checkbox"/> Affinity Group <input type="checkbox"/> Cooperative <input type="checkbox"/> Others
Full Name of the Proposer /Organization Name:	
Date of Incorporation (dd/mm/yyyy):	
Guardian/Principal Officer Name:	
Type of Policy:	<input type="checkbox"/> Group <input type="checkbox"/> Individual
If Group is selected- Relationship between the members and the group manager:	
Total number of persons to be covered initially:	
PAN:	
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.	
Do you have any disability: <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes	
a) Specify the percentage of disability _____ b) please enclose Disability certificate mentioning percentage of disability wherever applicable.	
Are you a Politically Exposed Person? or A close realtive of a PEP* ? 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”)	
Identity Proof:	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Ration Card <input type="checkbox"/> Voter ID <input type="checkbox"/> Other, Specify:
Address Proof:	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Ration Card <input type="checkbox"/> Voter ID <input type="checkbox"/> Other, Specify:
Financier Details (Applicable for individual):	
GSTIN(if customer is registered for GST):	

CONTACT DETAILS

Address Line 1			
Address Line 2			
City/Village		Block/Mandal/Taluka/Tehsil	
District		State	
Phone Number		E-Mail ID	

BANK DETAILS (for credit of claims)

Account Holder Name		Account Number	
Bank Name		Branch Name & Address	
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current	IFSC Code	

COVER DETAILS

Details of Risk/Risk Location	
Additional Information	
Insurable Interest Document	
Risk Start Date	
Risk End Date	
Choice of parameters for which coverage is sought.	Weather Parameters
	<input type="checkbox"/> Rainfall <input type="checkbox"/> Temperature <input type="checkbox"/> Relative Humidity
	<input type="checkbox"/> Sunshine Hours <input type="checkbox"/> Pest-Disease congenial climate <input type="checkbox"/> Wind speed
	<input type="checkbox"/> Surface Pressure Other _____
	Satellite-Based Indices
	<input type="checkbox"/> NDVI <input type="checkbox"/> LSWI <input type="checkbox"/> SAVI
	<input type="checkbox"/> Soil Moisture <input type="checkbox"/> Microwave Backscatter <input type="checkbox"/> FAPAR
	<input type="checkbox"/> Flood Index <input type="checkbox"/> Drought Index Other _____
	Natural Calamity
	<input type="checkbox"/> Flood <input type="checkbox"/> Drought <input type="checkbox"/> Cyclone
<input type="checkbox"/> Earthquake Other _____	
IOT-Device Data	
	Details _____
If Others Specify:	

Details of Area where risk is located (As per term-sheet)

State	District	Tehsil/Block	Village	Total Units of Risk at the Location	Source of weather parameter /satellite index data for which coverage is sought.

Total Number of Units Insured	
Sum Insured per Unit (Rs/unit)	Rs.
Total Sum Insured	Rs.

Has any company/Insurer in respect of Insurance

• Declined your Proposal? Yes ☐ No ☐

• Cancelled or refused to renew your policy? Yes ☐ No ☐

• Accepted your proposal on special terms and conditions? Yes ☐ No ☐

Past Claims Experience, if any YES ☐ NO ☐ (If Yes please provide details below)

Date of Occurrence	Details of loss	Amount of loss (Rs)	Name of the Insurer & Policy Number

E -Account Opening

Do you have an EIA Account? If Yes, Account Details :

If No, I would like to apply for EIA with

☐ Karvy ☐ CAMS ☐ NSDL ☐ CSDL

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 ☐ 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 effect 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 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.

14. 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

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