

# PROPOSAL FORM - PET ASSURE 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](mailto:contactus@universalsampo.com)

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	

Important: This proposal for insurance will be the basis of any subsequent insurance policy that Universal Sampo General Insurance Company Ltd ["Company"] issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

- Name of the Proposer(in Full)
- PAN/TAN/GST/AADHAR NO.
- Address for Communication 



  

 Pin Code 



  
Telephone No: 



 Fax: 



  
Mobile No. 



 Email ID:
- Are you an Employee of USGI/Group Companies of USGI: \_\_\_\_\_ Emp.Code : \_\_\_\_\_
- 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 (PEP) or a Close relative of PEP? Yes ☐ No ☐  
If Yes, please mention the position held : \_\_\_\_\_  
(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")
- Give the following particulars in full, of the pet(s) proposed for insurance.  
An individual can insure up to 5 pets and a breeder can insure up to 10 pets under a single policy.

Name of Pet(s)	Dog/ Cat	Sex (M/F)	Age (Years)	Breed	Weight of the Pet	Micro Chip/ RFID / Tag Number	Unique Identification Description	Registration No. of Government authority/Kennel club of India Certificate

- Is any of the pet proposed to be covered under the policy used for Commercial purpose: Yes ☐ No ☐  
If Yes Please provide the details \_\_\_\_\_

11. Policy Period:

## 12. COVER/ SECTIONS

Sr No	Section / Coverage Name	Yes / No	Sum Insured	Sum Insured Options
<b>BASE COVERAGE</b>				
1	Death Due to Accident	Yes <input type="checkbox"/> No <input type="checkbox"/>		10000/20000/30000/50000/100000/200000
2	Death Due to Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>		10000/20000/30000/50000/100000/200000
3	Hospitalization Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>		10000/20000/30000/50000/100000/200000
4	Specific Illness Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>		10000/20000/30000/50000/100000/200000
<b>OPTIONAL COVERAGE</b>				
1	Terminal Disease Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>		Covered up to Base SI
2	Surgical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>		Covered up to Base SI including Pre Hospitalisation-7 days, Post Hospitalisation-15 Days
3	Long Term Care Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>		25% of Base Sum Insured
4	OPD Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>		25% of Base Sum Insured; 1% deductible
5	Pregnancy & Related Complications	Yes <input type="checkbox"/> No <input type="checkbox"/>		5000,10000,20000, 50000
6	Insect or Vector Borne Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>		Up to 50% of Base Sum Insured
7	Recovery Care	Yes <input type="checkbox"/> No <input type="checkbox"/>		Up to Base Sum Insured
8	Dental Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>		Up to Base Sum Insured, Maximum 25%
9	Health Check up	Yes <input type="checkbox"/> No <input type="checkbox"/>		3000, 5000, 10000
10	Wellness Services	Yes <input type="checkbox"/> No <input type="checkbox"/>		Covered
11	Cremation Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>		5000/-
12	Lost / Stolen Pets	Yes <input type="checkbox"/> No <input type="checkbox"/>		Up to 5000/-
13	Third Party Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>		Up to Base Sum Insured
14	Emergency Pet Minding	Yes <input type="checkbox"/> No <input type="checkbox"/>		Rs.1000 per Day, Maximum up to 7 days
15	Tag Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>		Up to 5000
16	Loss of show entry fees	Yes <input type="checkbox"/> No <input type="checkbox"/>		Up to 2.5% of SI
17	Road Ambulance	Yes <input type="checkbox"/> No <input type="checkbox"/>		Covered up to 2000 per trip

13. Discount in Premium - (The percentage of co-payment chosen shall be the percentage of discount offered)

Co payment	Yes <input type="checkbox"/> No <input type="checkbox"/>	10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/>
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14. Is the pet of Pedigree lineage? Yes ☐ No ☐

Please provide Schedule of the vaccinations provided to your Pet(s): \_\_\_\_\_

15. Give details of diseases/ conditions Pet(s) suffered in past: \_\_\_\_\_

16. Is your Pet(s) spayed or castrated? Yes ☐ No ☐

If yes, please state the reasons: \_\_\_\_\_

17. Fitness certificate/ complete medical report not older than 30 days available? Yes ☐ No ☐

(If yes, kindly provide the medical report)

18. Have you lost any animal/s during the last three years? If so state particulars

Year	Cause of Loss	Number of Animal Lost

19. Previous Pet (s) Insurance and Claims experience (for the last three years):

Year 1	
Year 2	
Year 3	

20. Has any Company or Underwriter

a. Declined insurance of any of your pet(s) or	
b. Declined to renew the insurance	
c. Increased your premium or imposed special conditions on renewal?	

v. Any other information material to the risk or the terms upon which cover might be offered: \_\_\_\_\_

## 21. 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 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 :	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	

22. ☐ **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\_\_\_\_\_

23. ☐ **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](http://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](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  
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

24. **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:

25. **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

25. **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 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.  
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