

**PROPOSAL FORM -
USGI - PRADHAN MANTRI FASAL BIMA YOJANA**



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)

Important:

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. 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	

INSURANCE SCHEME: P.M.F.B.Y W.B.C.I.S SEASON: KHARIF RABI SUMMER

YEAR:

Details of crop(s) and area(s) proposed for Insurance

District: Taluk:

Hobli	Gram Panchayat	Village	Survey No.	Name of crop	Type of Crop (Single / Mixed / Inter Crop)	Actual / Intended date of sowing	Area	
							Acre	Cents #
Total								

Loanee Farmer Non Loanee Farmer Saving A/c No.:

Bank Name & Branch

Proposer Farmer Name

S/o, W/o, D/o, C/o : Aadhar No:

Gender M F Other Farmer Category SF MF Other

Caste : SC ST Other Date Of Birth Othe ID

Address

Mobile 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")

Documents to be attached

- 1.RTC Copy
- 2.Aadhaar Copy (If no Aadhaar, Submit other Identity card copy)
- 3.Bank passbook Xerox

cut.....

ACKNOWLEDGEMENT

Date: _____ Year: _____ Season: _____

Received Rs. _____ (Rupees _____ only) towards consideration as farmer's share of premium from Mr/Ms _____ Son/ Daughter/ Wife of Mr/Ms _____ for insuring below mentioned crop(s) and area(S) under PMFBY / WBCIS during **Kharif 2016** season with reference to Proposal Form No. _____.

District	Taluk	Hobli	Gram Panchayat	Crop	Area Insured		Farmer's premium (Rs.)
					Acre	Guntas	

Bank Seal with Name &Address:

(Authorized Signatory of Bank)

(Please preserve this Acknowledgment for future reference)

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 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 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

..... for use by bank

Notified area (as applicable)		Crop	Area insured		Sum Insured	Farmer's Premium Rate (%)	Farmer's Premium (Rs)	Details of remittance of premium
Hobli	Gram Panchayat		Acre	Gunte				
								Payment Reference Number
								Payment Date

Loan Amount(Rs):

Loan details

Loan A/c No:

Prohibition of Rebates Section 41 of the Insurance Act provides as follows:

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 to any kind of 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 rebates except such rebate as may be allowed in accordance with the published 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 lakh rupees.

Guidelines for completion of the form

- Only one proposal form to be filled up for all the crops proposed to be notified in a survey number.
- Please complete the proposal form in all respects. The proposal should be duly signed by the proposer and all documents as mentioned above enclosed.
- 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.
- The insurance shall become voidable at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of 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.
- Kindly contact the Insurance company Office or its authorized Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of the Insurance Company does not commence until his proposal has been accepted by the Insurance company and the premium is paid. The detailed terms and conditions are printed at the back of Acknowledgement.

.....cut.....

Terms and conditions

- 1.The coverage under PMFBY/WBCIS will be strictly as per operational guidelines framed by DAC & FW, GOI and the notification issued by the state government for the relevant season.
- 2.The Proposer shall submit only one proposal form for a season for the same piece of land.
- 3.The proposer shall disclose all material facts. Any discrepancy discovered later may lead to cancelation of insurance covered and forfeiture of premium. Material facts for this purpose will include but not restricted to facts relevant to crop insured, season insured, notified area insured and insurable interest.
- 4.The insurance company reserve the right to reject this proposal if it is not signed / not completely filled / required documents in support of insurable interest are not enclosed / full share of farmer's premium is not paid.
- 5.The insurance cover may be cancelled if it is discovered at any time that :
 - a.The farmer has insured more area than the land with insurable interest for him
 - b.Has taken insurance on the same land in the survey number from different banks/ branches/ society or as loanee as well as non loanee farmer or has sown some other crops than notified / insured crop.In above cases the premium would not be refunded without prejudice to the right to investigate and make changes in the coverage accordingly at insured's risk, cost and consequences.
- 6.Proposer undertakes to inform the insurer in the event of any change in crop, extent of area sown, bank account and insurable interest within one week, otherwise point no.3 will follow.
- 7.Insurance company reserves the right to investigate ourselves or through others and reduce claim proportionately, if area insure is more than area sown.
- 8.Proposer undertakes to inform insurance company within 48 hours of occurrence of loss caused due to perils mentioned in the scheme in case of localized calamity/ post harvest losses.
- 9.Proposer undertakes to assist insurance company and its loss assessors in every manner.
- 10.Payment of claim under prevented sowing will lead to cancellation of policy and no further claim will be payable.
- 11.If required, at the time of claim, if any, the insured may be required to submit identity and address proof.
- 12.Proposer undertakes to submit discharge certificate / receipt before receipt of claim.

Universal Somp 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.
CIN: U66010MH2007PLC166770