

**PROPOSAL FORM -
POULTRY 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@universalsompo.com

(A Certificate given by a qualified Veterinary Surgeon must accompany this Proposal)

Intermediary Name, Contact No, Code & Email Id	
Intermediary Sales Person's Name, Contact No & Code	
Source Code / POS UID Aadhar No./PAN	
Policy Issuing Office Address & Code	

1. Name and address of the Poultry Farm:	
2. Name and address of the bank involved:	
3. Name and address of the owner:	
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"/>
Contact No & Email Id	
4. 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.

5. Do you have an EIA Account? If Yes, Account Details :	
If No, I would like to apply for EIA with	Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>

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")

6. Type of Birds- Broilers/Layers/Hatchery	
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7. Give the following particulars in full for each of the type of birds proposed for insurance.

DESCRIPTION THE BIRDS TO BE INSURED

Date of Hatch of Birds	Date of Purchase	No. of Birds Purchased as per the Delivery Challan & Breed	Total No. of Birds in the unit	Breed Strain	Age in Weeks on date of Proposal	Source of Purchase	Expected Date of disposal

8. What is the system of housing of the birds?	I. In Brooding House	Deep Litter/ Cage system
	ii. In Grower House	Deep Litter/ Cage system
	iii. In Layer House	Deep Litter/ Cage system
9. Equipments available	i. No. of Feeders:	
	ii. No of Drinkers:	
	iii. No of Brooders:	
10. Is a qualified Veterinary Doctor employed to look after the farm	Yes <input type="checkbox"/> No <input type="checkbox"/> (If answer is Yes, please provide the following details)	
	i) Name	
	ii) Qualification	iii) Registration No.
	iv) Is he residing at the farm (round the clock) Yes <input type="checkbox"/> No <input type="checkbox"/> (Pl specify)	
11. If qualified Veterinary Doctor is not employed then Veterinary Doctor you depend upon	I) Name	
	ii) Qualification	iii) Registration No
	iv) Address	

12. Details of other technical persons residing at the premises

Name	Qualification	Job Description

13. Are the diagnostic equipment/reagents maintained at the farm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Do you stock essential medicines at the farm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you manufacture your own feed or get it from the market?	
16. Is the Owner/partner/associate experienced in poultry farming?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Is the Owner/partner/associate have undergone any training?	Yes <input type="checkbox"/> No <input type="checkbox"/>

18. Details of vaccination conducted during last six months

Date of vaccination	Age of birds at the time of vaccination	Disease against which vaccinated	Trade name of vaccine	Name of vaccine	Batch No	Vaccination done by

19. Details of debeaking: Unit No. Date of debeaking

20. Details of deworming: Unit No. Date of deworming

21. Has there been any epidemic outbreak during last 3 years, if so, give details including the number of birds lost in each outbreak with date of loss.

22. Do you maintain the following records:

a) Flock record on day to day basis	b) Mortality record
c) Culling	d) Vaccination and medication particulars
e) Feed Consumption	f) Production
g) Debeaking	h) Incidence of diseases
i) Purchase and sales.	

23. When was the farm established?

24. Are your birds already insured? if so, please give the name and address of the Insurance Company

(a) Name of insurer (b) Period of expiring Policy

(c) Claims history

i) Date of loss ii) Cause of loss iii) No. of birds affected/lost

25. Has any company :
 a) Declined to issue you a Policy?
 b) Declined to continue insurance?
 c) Not invited renewal of Policy?
 d) Imposed any restriction or special condition?

26. Proposed Period of Insurance From To

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.

Name of Nominee*	Age*	Relationship with Proposer*	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee (Present / Permanent)	Bank A/C Details of Nominee (A/C No / IFSC/Bank Name/ A/C Holder's Name)	% of claim amount payable to each nominee in the event of policy holder's death*

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

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Mobile No/Email Id	Address of the Appointee

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

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 statues, 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 NCPDR/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

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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