

**PROPOSAL FORM -
PUBLIC LIABILITY ACT 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

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. 4) 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	

Insured Details

1. Name of Proposer			
2. Address of Proposer			
3. Name of Person to whom the policy has to be dispatched	Telephone No:	Mobile No.	
	Fax No.	Email	
	4. 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"/>		
5. 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.			
6. 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 <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")			
7. Period Of Insurance	From	To	
8. Occupation/ Business Activity			
9. Bank Name to be incorporated in the policy (if applicable)			
10. Paid up Capital			

Proposer's Business Operations & Related Information

Please list location and address of all premises covered for Insurance			
Do you wish to insure Depots, Warehouses, Godowns, Tank farms etc?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state locations, turnover and type of occupation below:		
	Location	Annual Turnover	Occupied by you solely or shared with/hired to other parties
	(If the space provided is not sufficient separate sheet to be attached)		
Please give full description of business activities for which cover is required			
Please attach layout plans of the manufacturing units proposed for insurance	Plans Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
List of hazardous substances handled and group (See Note)			
How long have you been in this business?			
No. of Employees	a) Workmen employees _____ b) Other employees (See Note) _____		
Please describe in brief surrounding areas & third party property for each unit (within an approximate radius of 2 kms)	Industrial area		
	Agricultural area		
	Residential area		
Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials & hydrocarbons?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details of their quantity, storage, handling & precautions taken below: (If the space provided is not sufficient separate sheet to be attached)	Have you complied with statutory provisions, rules & regulations in respect of the above? Yes No	
Are the premises fenced &/or locked?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What security arrangements are available?			
Are customers/visitors permitted unaccompanied on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are the premises, plant & machinery in sound condition and will they be kept in good order?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please furnish details of your maintenance schedule below: (If the space provided is not sufficient separate sheet to be attached)		

Is there a programme for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:			
	Type of detection & alarm system & fire fighting installations			
	Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection & toxicology)			
	Provisions made for supply of energy, water etc in an emergency			
Is there any welding, gas cutting or hot work being undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what state the precautions taken below:			
Are there any vibrations from heavy machinery?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state the precautions taken below:			
Are the machines protected by fences or guarded?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are there sufficient or equivalent fire extinguishers installed on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
No of Fire Extinguishers installed				
Annual Inspection Conducted of Fire Extinguishers?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage &/or bodily injury?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details of alarm system, preventive measures & particulars of periodic inspection below:			
Have any contractors &/or sub-contractors within the premises taken Public Liability policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:			
Please give claims history for the last 3 years.	No of Claims	Year	Year	Year
	Total Amount Paid			
	Total Outstanding			
	Bodily Injury			
	Property Damage			
	Cost of Defence Action			
Are you aware of any incidents, conditions, defects, circumstance or suspected defects which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:			
Has your proposal or renewal been declined or premium been increased or special terms imposed by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:			
Are you at present insured under the Public Liability Policy?	For premises risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:		
	For transportation risk?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish full details below:		
Do you have a Public Liability Insurance as per the Public Liability Insurance Act, 1991?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below and enclose a copy of the receipt of premium payment excluding the contribution to the Environmental Relief fund:			
	Name & Address of Insurance Company			
	Policy No			
	Amount of Premium Paid			
What is your emergency plan?	On site emergency plan			
	Off site emergency plan			
Is there a Business Continuity Plan (BCP) in force and is it documented and communicated to all?				
What is your staff-force and annual wages (unit-wise)?	Estimated total annual wages			
	Total No of Staff Employed			
What is your annual sales turnover (unit-wise)?	Actual Last year			
	Estimated for proposed year of insurance			

Proposer's Insurance Requirements

What is the Policy Period required?	From _____ To _____
What is the Limit of Indemnity required?	Any one accident: _____ Aggregate during the Policy Period: _____
What is the Voluntary Excess you wish to bear?	_____ % of Limit of Indemnity per accident (This Excess will apply to each and every claim and will be in addition to compulsory excess)

Do you require extension of Public Liability cover for transportation of material &/or dangerous/hazardous substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please furnish details below: Particulars of such material _____ Expected turnover of such material in transit in a year (incoming raw material & dispatch of finished products)
	Is pollution risk required? Yes <input type="checkbox"/> No <input type="checkbox"/>
	What is mode of transportation? Road <input type="checkbox"/> Rail <input type="checkbox"/> Pipeline <input type="checkbox"/>
	Limit of Indemnity required (forming part of the overall Limit Indemnity required under this Policy): Any one accident : _____ Aggregate during the Policy Period : _____
	(Note : Transportation coverage is only applicable for full load - part load is not covered) If transportation is by pipeline, please state:
	Dimension of the pipe
	Total length of the pipe
	Terminal points
	Positioning of the pipe Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Submerged <input type="checkbox"/>
System of supervision & monitoring pipelines against leakage/damage	
Layout of pipeline showing surrounding areas along the route	
Do you require extension of Public Liability cover for Accidental Pollution?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details using the additional questionnaire attached.

Note to Items –

1.Owner mean a person who own, or has control over handling any hazardous substance at the time of accident and includes-

i)In the case of a firm, any of its partners

ii)In the case of an association , any of its members and

iii)In the case of a company, any of its directors, managers, secretaries or other officers who is directly in charge of , and is responsible to the company for the conduct of the business of the company.

2.Paid up capital means in the case of an owner not being a company, the market value of all assets and stocks of the undertaking on the date of contract of insurance.

3.Hazardous Substances and Group means the items listed and grouped under Public Liability Insurance Act,1991 and the rules framed there under

4.Turnover shall mean

(i)Manufacturing units- Entire Annual gross sales Turnover including all levies and taxes of manufacturing units handling hazardous substances as defined in the Public Liability Insurance Act 1991

For the purpose of this insurance, the term "Units" shall mean all operations being carried out in the manufacturing complex in one location

(ii)Godown/ Warehouse owners – Total Annual rental receipts of premises handling hazardous substances as defined in the Public Liability Insurance Act, 1991.

(iii)Transport Operators – Total annual freight receipts.

(iv)Others – Total annual gross receipts.

Workmen Employee shall mean such employee within the definition of "Workman" under the Workmen's Compensation Act,1923.

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.

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee	Bank A/C Details of Nominee

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

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Address of the Appointee

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

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 : 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 statues, 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

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.
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