

PROPOSAL FORM -
PUBLIC LIABILITY INSURANCE POLICY(NON-INDUSTRIAL)

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

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 Id	
Intermediary Sales Person’s 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.	Occupation/ Business Activity			
	Address of each of the premises	1		
		2		
		3		
		4		
	Full description of each of the premises	Type of construction		
		Age of the building		
		No. of floors and height of the building, which floor is occupied by you?		
		Details of other occupants		
		Details of the lifts, elevators, escalators etc.		
		Activities being carried out in the premises		
	Are the premises/equipments/ machineries in sound condition of repair	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If No, please provide the details of the action taken:		
	Details of surrounding areas/property			
	Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities			
	Do the premises have boundary/fencing?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	What Security and Safety arrangements available?			
	Is there a program for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes please provide the details		
		Type of detection and alarm system and FEA installations		
		Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)		
		Provision made for supply of energy, water etc. in an emergency		
	Do you handle or use or store gases/ hazardous/toxic/radioactive materials and/ or equipments in the premises? If yes, please give details of max. Capacity stored/ used/handled at a time.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes please provide the details		
		Nature of Storage	Quantity handled	Capacity (Ltrs. Tonnes.)
	Do you have Surveillance System, Heat & Smoke Detection System?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, please provide the details along with their upkeep program:		

ADDITIONAL QUESTIONNAIRE CINEMA HALLS, AUDITORIUMS/THEATRES/OPEN AIR THEATRES, PUBLIC HALLS			
What is the maximum seating capacity?			
Please mention the Construction of the building/occupancy/risk.		Walls:	
		Roof & Intermediate Floors:	
What are the other facilities provided?	Name of Facility		Are they operated and controlled by you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
State Estimated Annual turnover revenue receipts (Term turnover includes Gate Money, Donor's Cards, income arising from other facilities including all taxes etc.)			
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability	
Act of God Perils		Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Food and Beverages		Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:

ADDITIONAL QUESTIONNAIRE FOR OFFICES/RESIDENTIAL PREMISES/ADMN. PREMISES/ MEDICAL ESTABLISHMENTS/RESEARCH INSTITUTIONS & LABORATORIES/AIRPORT PREMISES (OTHER THAN AVIATION LIABILITIES) ETC.			
Whether other facilities like Canteen, Sports etc., provided? (list out facilities)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes please provide the details		
Please mention the Construction of the building/occupancy/risk.	Walls:		
	Roof & Intermediate Floors:		
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability	
Act of God Perils		Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:
Food and Beverages		Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA: AOY:

ADDITIONAL QUESTIONNAIREFOR SCHOOLS/EDUCATIONAL INSTITUTIONS/LIBRARIES ETC.			
No. of Students and their age group	2-10 <input type="text"/>	10-15 <input type="text"/>	>15 <input type="text"/> TOTAL <input type="text"/>
What is Teacher/Student Ratio?			
Is the hostel facility is provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes No. of Rooms <input type="text"/> No. of Inmates <input type="text"/>		
Are canteen facilities provided in institution / hostel?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes state whether they are hygienically maintained Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have laboratories?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes No. of laboratories <input type="text"/>		
What measures you have taken to prevent any accidents?			
Do you have other facilities?	Indoor Games Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Outdoor Games (Mountaineering, Hang Gliding, Horse Riding, Swimming etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have trainers and / or lifeguards for such facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Whether outings/ Educational tours are arranged by the Institute?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, please mention frequency and procedures.		
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability	
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	AOY:
Sports Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	AOY:
Swimming pools	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	AOY:
Other facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.			

ADDITIONAL QUESTIONNAIRE FOR EXHIBITIONS/FAIRS/FETES/CIRCUSES/FILM STUDIOS (INDOOR AND OUTDOOR)/PANDALS/TOURNAMENTS/ZOOS/ PERMANENT AMUSEMENT PARKS			
What is the maximum seating capacity?			
What is the maximum area occupied?			
What are the other facilities provided?	Name of Facility		Are they operated and controlled by you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
State Estimated Annual turnover revenue receipts (Include all revenue earned through Gate Monies, Hiring Charges for (a) various games and facilities, (b) for use of premises by Corporate Clients, Film Producers etc and levies and taxes as applicable.			
Do you wish to cover following extensions if yes than provide the limit of indemnity		Limit of Liability	
Act of God Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	AOY:
Food and Beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA:	AOY:
Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.			

ADDITIONAL QUESTIONNAIRE FOR WAREHOUSES/GODOWNS/SHOPS/DEPOTS/TANK FARMS			
What are the types of items likely to be stored and/or sold in each of the premises?	Name of Items		Quantity
Whether Hazardous items like Chemicals/Crackers/Explosives/Paints/Kerosene/Lubricants /Spirits etc. are likely to be stored?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes please provide the details		
	Details of the Items.	Quantity	Value
			% to Total Value
Whether Municipal/Statutory Regulations are complied with?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please mention the Construction of the building/occupancy/risk.	Walls:		
	Roof & Intermediate Floors:		
What is the area occupied by Warehouses/Godowns?	<input type="text"/> Cubic Meters		
State Estimated Annual turnover revenue receipts (Please include all Revenue/Hiring Charges/Rent earned including all taxes and levies)			
Is there a program for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is there any possibility of leakage of chemicals and/or gas resulting into injury/damage to Third Party?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details of chemicals, quantity stored and preventive measures taken to avoid such occurrence.			
	Chemicals	Qty. Stored	Preventive Measures

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)

ENDORSEMENT / CLAUSES

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 <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet : <div>Name of Bank/Wallet</div>	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 ☐ 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 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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