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												
Int	termediary Sales Person's Name, Cor	ntact N	o & Code									
Source Code / POS UID Aadhar No./PAN												
Po	olicy Issuing Office Address & Code											
Inst	red Details											
1.	Name of Proposer											
2.	Address of Proposer											
3.	Name of Person to whom the											
	policy has to be dispatched	Telep	ohone No:			Mobile No.						
			Fax No.			Email						
4.	Address Proof:	Aadh	nar Card 🗆	ard □ Driving License □ Passport □ Voter ID □ Others □								
5.	CKYC No:											
	☐ I confirm that there is no change in my	existing	g KYC details	which I have shared earlier. I	n case any o	change in my KYC d	etails, I unde	ertake to inform you in writ	ing.			
6.	Do you have an EIA Account? If Yes, Account?	ount De	etails :									
	If No, I would like to apply for EIA with		_	Karvy □ CAMS	□NSDL [□ CSDL □						
	Are you a Politically Exposed Person? Yes [(Definition of PEP: "PEP are individuals wh			ntrusted with prominent nul	alic function	ns domestically/in	an internatio	onal organisation /in a				
	foreign country. This would include individ								ıl			
	or military officials, senior executives of sta						-					
	are related to a PEP either directly (consar a PEP, either socially or professionally")	iguinity)	or through i	narriage or similar (civil) forr	ns of partne	ership. Close associ	ates are indi	viduals closely connected t	.0			
7.	Occupation/ Business Activity											
Н	dress of each of the premises	1										
Au	dress of each of the premises											
		2										
		3										
-		4										
Ful	I description of each of the premises	Type o	f construction									
		Age of	the building									
		No. of	floors and hei	ght of the building,								
		which	floor is occup	ed by you?								
		Details	of other occu	pants								
		Details	of the lifts, e	evators, escalators etc.								
		Activities being carried out in the premises										
	e the premises/equipments/	Yes No										
ma	chineries in sound condition of repair	If No, please provide the details of the action taken:										
De	tails of surrounding areas/property											
	ve you complied with all statutory rules/ gulations pertaining to the premises and											
	ur business activities											
Do	the premises have boundary/fencing?	Yes No										
WI	nat Security and Safety arrangements											
available?												
	there a program for the prevention of	Yes										
fire, explosion incidents?			If yes please provide the details									
			Type of det		$\overline{}$							
		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/			Yes No									
hazardous/toxic/radioactive materials and/ or equipments in the premises? If yes,		If yes please provide the details										
ple	edupments in the premises in yes, asse give details of max. Capacity stored/ ed/handled at a time.	Г					Details	S	$\overline{}$			
us			Nature of Storage			Quantity hand		Capacity (Ltrs. Tonnes.)				
		F							\Box			
Do	you have Surveillance System, Heat &	\vdash		_								
	oke Detection System?	Yes No										
		If yes, please provide the details along with their upkeep program:										

IRDAI Reg No: 134

What is the number of Housekeepir	ng staff?											
Do you have emergency backup ele power for all electrical equipments, pump and emergency lights?												
Do you have In-house maintenance		Yes No No										
department for up keep of various equipments?		If yes please provide the details										
Are you at present insured under Pr	ublic	V D N- D				Name of the In	surer					
Liability (Non Ind.) Policy?		Yes No				Policy No.						
		If yes please provide t		\dashv	Policy period Limit of liability Retroactive da	,						
Whether insured or not, Please give	N. C.L.		Year			Year		Year				
claims history for the last three year	No. of claims Total amount paid											
	Total outstanding Bodily Injury											
		Property damage										
		Cost of defense action.										
Are you aware of any incident, cond defects, circumstances or suspected		Yes No										
defects which may result in a claim		If yes please provide	the details									
Has your proposal or renewal been or premium been increased or spec	ial terms	Yes No No										
have been imposed by any insurer i past?	n tne	If yes please provide	the details									
What is the limit of indemnity requ	ired?	Any one accident :										
		Aggregate during the	policy period	d :								
Policy period required		From		То								
Depending upon the Nature of the		-	Houses, Res	taurants, Boarding a	nd Lo	dging Houses,	Guest Houses i	ncluding Flight Kit	chens			
occupancy/ risk please provide info as per the enclosed additional ques		 		ters, Open Air Theat								
(Separate questionnaire for each lo		Offices, Residential P			al Esta	blishments, Re	esearch Institut	es &Laboratories,				
may please be submitted)		Airport Premises (Ot Schools, Educational										
		Exhibitions, Fairs, Fe	tes, Circus, Fi	ilm Studio (Indoor &	Outdo	oor) Pandals, T	ournaments, Zo	oos, Permanent A	musement Parks,			
		Warehouses, Godov	wns, Shops, D	epots, Tank Farms,								
AD	DITIONAL Q	UESTIONNAIRE FOR		/MOTELS/CLUB H HOUSES INCLUDIN		-		ING AND				
1.Main Facilities	Г	LODGING HOUSE	L3, G0L31 1	1003E3 INCLUDIN	IG FLI	GHI KIICHE	INS					
Max. no. of beds Average occupancy per year												
				Name		Seati	ng Capacity	Floor on which located				
	Res	taurants										
Details of Restaurants, Conference	Confer	ence Halls										
Halls, Night Clubs, Discotheques												
etc. if any	Nigh	Clubs										
etc. If ally												
	Discot	heques										
2.Details of the other facilities opera	ted and contr	rolled by you (if any):-										
Health clubs	ited and conti	Toned by you (if ally).						Yes	No 🗌			
Beauty parlors								Yes	No 🗌			
Hairdressers Shops								Yes	No No			
Swimming pools (life guards provide	ed or not)							Yes	No 🗌			
Sports (please specify)	Sports (please specify) Yes No											
Indoor (Table Tennis, Squash, Bowli Outdoor (Boating, Tennis, Golf, Swii								Yes	No			
Aqua Sports (Boating, Deep Sea-Div									No 🗌			
Skiing, Hang Gliding, Sky Diving Whether the above facilities are ava	ailable to resid	dents only and their gues	sts or also av	ailable to club memb	ers ar	nd their guests		Yes	No No			
		, and then gues	51 GISO GV	CO SIGN IIICIIIL	5 al	Bucara						
3.Other Features of the Risk/Occupancy Description of facility Security measures												
Do you have a separate strong roor	n/cloakroom t	to store items deposited	by bonafide	Yes	No			provide details of records maintained and				
residents/guests for safe keeping	Sala a se e a s						special secur	ity arrangements				
Please mention the Construction of	the building/	occupancy/risk.	occupancy/risk.			Walls: Roof & Intermediate Floors:						
Other facilities (e.g. car parking)				noor & miteriffedia	110	010.						
4. State Estimated Annual turnover revenue receipts												
(Please include all revenue earned through occupancy in the hotel, sale of food and beverages including liquor, conferences, marriage parties, outside catering, rental												
received from shopping arcades, revenue earned from guests for using hotel facilities and sale across the counter and other miscellaneous incomes including all levies,												
and sale across the counter and c taxes and surcharges)	other miscellar	neous incomes including	g all levies,									
5.Do you require extension of cover for goods in your care/custody/ control (extension limited to 10% of the overall limit of indemnity?)												
Do you wish to cover following extensions if yes than provide the limit of indemnity Limit of Liability												
Act of God Perils Yes No								AOA:	AOY:			
Transportation cover				Yes [No No		AOA:	AOY:				
Food and Beverages Sports Facilities					Yes [No No	1	AOA:	AOY:			
Swimming pools			Yes No AOA:				AOY:					
Note: The AOA limit for the above e	extensions wo	uld be within the overall	limit as spec	ified in the risk detai	ls sec	tion.						
6. Voluntary Excess												
Do you wish to opt for voluntary excess for each and every claim Yes No												

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: Name of Facility							
		Name of Facility			Are they operated and controlled by you? Yes No				
What are the other facilities provided?					Yes	= = =			
					Yes	No No			
					Yes	No No			
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	1			
Act of God Perils		Y	es 🗌	No 🗌	AOA:	AOY:			
Food and Beverages		Υ	es 🗌	No 🗌	AOA:	AOY:			
ADDITIONAL QUESTIONNAIRE FOR OFFICES/RESIDENTIAL		-		•		S/RESEARCH			
INSTITUTIONS & LABORATORIES/AIRPOR	KI PKEN	Yes 🗆	No T	N AVIATION LIAB	SILITIES) ETC.				
Whether other facilities like Canteen, Sports etc., provided? (list out facilities)		If yes please provide the details							
Please mention the Construction of the building/occupancy/risk.		Walls:							
Do you wish to cover following extensions if yes than provide the limit of indemnity		Roof & Ir	ntermediate	e Floors:	Limit of Liability				
Act of God Perils		Yes 🗌	No		AOA:				
Food and Beverages	10015/	Yes	No _	TITUTIONS (URB	AOA:	AOY:			
ADDITIONAL QUESTIONNAIREFOR SCH									
No. of Students and their age group What is Teacher/Student Ratio?	2-10	10	-15	>15 TOT/	AL				
Is the hostel facility is provided?	Yes	No			_				
	If yes Yes	No. of	Rooms	N	lo. of Inmates				
Are canteen facilities provided in institution / hostel?	_			e hygienically maint	tained Yes	No 🗌			
Do you have laboratories?	Yes	No		No. of laboratories		<u> </u>			
What measures you have taken to prevent any accidents?	- امرا	r Gama-	Yes	No 🗆					
Do you have other facilities?		r Games or Games		eering, Hang Gliding	g, Horse Riding, Sw	imming etc.) Yes No			
Do you have trainers and / or lifeguards for such facilities?	Yes	No			<i>5,</i>				
Whether outings/ Educational tours are arranged by the Institute?	Yes	nlesse me		uency and procedu	roc				
Do you wish to cover following extensions if yes than provide the limit of indemnity		, piease ilie	intion frequ	dericy and procedu	Limit of	Liability			
Act of God Perils		Yes	No [AOA:	AOY:			
Food and Beverages Sports Facilities		Yes Yes	No No	<u></u>	AOA:	AOY:			
Swimming pools		Yes _	No [<u> </u>	AOA:	AOY:			
Other facilities Note: The AOA limit for the above extensions would be within the overall limit as sp		Yes 🗌	No [AOA:	AOY:			
PERMANE									
What is the maximum seating capacity? What is the maximum area occupied?	NI AIVI	USEMEN							
What is the maximum seating capacity?	NI AIVI	USEMEN	Name of Fa	acility		operated and controlled by you			
What is the maximum seating capacity? What is the maximum area occupied?	NI AW	USEMEN		acility	Ye	operated and controlled by you es			
What is the maximum seating capacity? What is the maximum area occupied?	NI AM	USEMEN		acility	Ye Ye	es No			
What is the maximum seating capacity? What is the maximum area occupied? What are the other facilities provided?	-	USEMEN		acility	Ye Ye	es No No			
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PUBLIC LIABILITY INSURANCE POLICY(NON-INDUSTRIAL)

IRDAI Reg No : 134

*If the Nominee is Minor, Name and		Date of Birth	1 1 1	Candar(NA/F/TC)	Address of the Appointed							
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												
ENDORSEIVIENT / CLAUSES												
Premium Payment and Bank De	tails:											
Payment Option : Cheque De		r Pay Order	☐ Debit	Card Credit Card	Cash							
Premium Amount Rs.	Amount (In Word			0.00.00								
For Cheque/DD/PO (Payable in favor	ur of Universal Sompo Gener	al Insurance Com	pany Ltd)									
Name of the Account Holder:				Instrument Amount (R	s):							
Instrument No.:				Bank A/C No.:								
Instrument Date: Bank Name and Branch: UPI Id:												
Type of Account : Saving												
Fund Transfer/Wallet :	Name of Bank/Wallet	, , ,		Transaction No.								
PAN Number :				TAN Number :								
					Electronic Clearing System (ECS) / National f the premium payment mode is other than							
cheque, please provide your account			ses.									
BANK ACCOUNT DETAILS REQUI	RED FOR REFUND OR CLA	IM 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 S	Somno General Insurance Com	nany and confirm t	nat the sta	itements as contained in	this application are true and accurate							
representations to the best of my know	rledge.											
2.I/We undertake that if any of the stat					and Universal Sompo General Insurance							
Company Limited.												
4.I/We confirm that I/We have read and conditions as prescribed by the Compa		e terms and condit	ions and a	agree to accept the compa	any's policy of insurance along with the said							
S.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 servici	ng etc.	. ,	, , ,	. ,							
this form. By choosing this option, You wish to	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 am	ended, from time to time	•	•		, ,							
12.I/We hereby declare that I/We have					to me in vernacular language. ing agencies, third parties or services providers							
for the purpose of underwriting the pro	oposal, issuance, servicing and	claims settlement o	of the poli	cy, 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 aut and conditions and the EIA	horized representative appo	inted by me has e	xplained	details with respect to t	the proposal form, policy documents, terms							
Name of Representative: Signature of Representative:												
CKYC Declarations												
1.I hereby give consent to Universal S	ompo General Insurance Co Lt	d to verify and ob	ain my in	formation through Centr	ral 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:	ange in my KTC detalls.											
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 compliant along with details of phone call and number.

CIN: U66010MH2007PLC166770