

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



**Registered and Corporate Office :** Unit No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai 400 093.  
Tel. : 022-41659800 / 69639900, 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	<table border="1"> <tr> <td>Telephone No:</td> <td>Mobile No.</td> </tr> <tr> <td>Fax No.</td> <td>Email</td> </tr> </table>	Telephone No:	Mobile No.	Fax No.	Email										
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	<table border="1"> <tr> <td>Type of construction</td> <td></td> </tr> <tr> <td>Age of the building</td> <td></td> </tr> <tr> <td>No. of floors and height of the building, which floor is occupied by you?</td> <td></td> </tr> <tr> <td>Details of other occupants</td> <td></td> </tr> <tr> <td>Details of the lifts, elevators, escalators etc.</td> <td></td> </tr> <tr> <td>Activities being carried out in the premises</td> <td></td> </tr> </table>	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			
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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 <table border="1"> <tr> <td>Type of detection and alarm system and FEA installations</td> <td></td> </tr> <tr> <td>Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)</td> <td></td> </tr> <tr> <td>Provision made for supply of energy, water etc. in an emergency</td> <td></td> </tr> </table>	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									
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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 <table border="1"> <thead> <tr> <th rowspan="2">Nature of Storage</th> <th colspan="2">Details</th> </tr> <tr> <th>Quantity handled</th> <th>Capacity (Ltrs. Tonnes.)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Nature of Storage	Details		Quantity handled	Capacity (Ltrs. Tonnes.)									
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	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:														

What is the number of Housekeeping staff?				
Do you have emergency backup electrical power for all electrical equipments, fire pump and emergency lights?				
Do you have In-house maintenance department for up keep of various equipments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide the details		
Are you at present insured under Public Liability (Non Ind.) Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of the Insurer		
	If yes please provide the details	Policy No.		
		Policy period		
		Limit of liability (AOA:AOY)		
		Retroactive date		
Whether insured or not, Please give the claims history for the last three years		Year	Year	Year
	No. of claims			
	Total amount paid			
	Total outstanding			
	Bodily Injury			
	Property damage			
	Cost of defense action.			
Are you aware of any incident, condition, defects, circumstances or suspected defects which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide the details		
Has your proposal or renewal been declined or premium been increased or special terms have been imposed by any insurer in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide the details		
What is the limit of indemnity required?	Any one accident :			
	Aggregate during the policy period :			
Policy period required	From _____ To _____			
Depending upon the Nature of the occupancy/ risk please provide information as per the enclosed additional questionnaire. (Separate questionnaire for each location may please be submitted)	Hotels, Motels, Club Houses, Restaurants, Boarding and Lodging Houses, Guest Houses including Flight Kitchens			
	Cinema Halls, Auditoriums, Theaters, Open Air Theaters, Public Halls, Shopping Malls			
	Offices, Residential Premises, Admn. Premises, Medical Establishments, Research Institutes & Laboratories, Airport Premises (Other than Aviation Liabilities) etc.			
	Schools, Educational Institutes, Libraries etc.			
	Exhibitions, Fairs, Fetes, Circus, Film Studio (Indoor & Outdoor) Pandals, Tournaments, Zoos, Permanent Amusement Parks,			
	Warehouses, Godowns, Shops, Depots, Tank Farms,			

**ADDITIONAL QUESTIONNAIRE FOR HOTELIERS/MOTELS/CLUB HOUSES/RESTAURANTS BOARDING AND LODGING HOUSES, GUEST HOUSES INCLUDING FLIGHT KITCHENS**

**1.Main Facilities**

Max. no. of beds			
Average occupancy per year			
Details of Restaurants, Conference Halls, Night Clubs, Discotheques etc. if any	Restaurants	Name	Seating Capacity
	Conference Halls		
	Night Clubs		
	Discotheques		

**2.Details of the other facilities operated and controlled by you (if any):-**

Health clubs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Beauty parlors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hairdressers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shops	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swimming pools (life guards provided or not)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sports (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indoor (Table Tennis, Squash, Bowling etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outdoor (Boating, Tennis, Golf, Swimming etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aqua Sports (Boating, Deep Sea-Diving etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skiing, Hang Gliding, Sky Diving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Whether the above facilities are available to residents only and their guests or also available to club members and their guests	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**3.Other Features of the Risk/Occupancy**

Do you have a separate strong room/cloakroom to store items deposited by bonafide residents/guests for safe keeping	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details of records maintained and special security arrangements
Please mention the Construction of the building/occupancy/risk.	Walls:		
	Roof & Intermediate Floors:		
Other facilities (e.g. car parking)			

**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, taxes and surcharges)

**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 <input type="checkbox"/> No <input type="checkbox"/>	AOA: _____ AOY: _____
Transportation cover	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: _____

Note: The AOA limit for the above extensions would be within the overall limit as specified in the risk details section.

**6. Voluntary Excess**

Do you wish to opt for voluntary excess for each and every claim	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, mention percentage of limit of indemnity per accident	

**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"/>
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 QUESTIONNAIRE FOR 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"/>			
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"/>			
Do you have trainers and / or lifeguards for such facilities?	Outdoor Games (Mountaineering, Hang Gliding, Horse Riding, Swimming etc.) 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):**

Name of Nominee	Nominee Relationship	Age	Name of Appointee (If Nominee is a minor)	Relationship with the nominee

**ENDORSEMENT / CLAUSES**


**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.

<b>BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE</b>	
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](http://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](http://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

**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, 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