

PROPOSAL FORM -  
STANDALONE TERRORISM INSURANCE



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

Note:  
I. Information provided in this proposal form is treated in strict confidence. ii. All the information provided in this proposal form is material and any misrepresentation or non-disclosure can lead to make this policy void ab-initio at any stage. iii. If insufficient space above for any answer please continue on separate sheet and attach hereto. iv. Read the policy wordings and other policy documents carefully to understand the scope, exclusion, terms and conditions and other details. If any doubt persists or discrepancy noticed in any of the documents, immediately contact the insurer or its authorized representatives. v. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid in advance.

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	

Proposer's Name in full:		
Proposer's Address:		
Contact No. & Email Id:		
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"/>
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.

Do you have an EIA Account? If Yes, Account Details : \_\_\_\_\_

If No, I would like to apply for EIA with 

Karvy ☐ CAMS☐ NSDL ☐ CSDL ☐

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")

Names & Addresses of the Locations to be Insured (along with Pin codes)			
Sums Insured (location wise)	Location Name / Address	Material Damage	Business Interruption (AGP)
	Total		

Indemnity Period for Business Interruption (in months)	
Coverage required (Tick ✓ for required coverages)	Limit of Indemnity

SECTION I: MATERIAL DAMAGE

1. Escalation Clause	
2. Inadvertent omission/ omission to insure additions alterations or extensions	
3. Demolition & Debris of removal (Excl. Foreign Debris)	
4. Professional Fees/Architects' Surveyors & Consulting Engineers' fees	
5. Additional Custom Duty	
6. Third Party Liability (as per T3L wording)	
7. Political Violence	

SECTION II: BUSINESS INTERRUPTION

1. Departmental Clause	
2. Interdependency	
3. Political Violence	
Total indemnity	
Details of Business Activity carried out by the Insured in the insured locations	
Details of Surrounding Property	
Details of any landmark buildings, government offices, five-star hotels or other high profile locations within 500 meters	

Please indicate if there are any of the following in the vicinity of the Proposer's premises.		
Description of the vicinity	Specify details	Name and location address
a. Government premises/sites e.g. Embassies, Consular Facilities, Army/Air Force base etc		
b. Major economic centres		
c. Major tourist attractions		
d. Major sporting stadia		
e. International airports		
f. Period of cover required.		
g. Are any of the assets already covered against terrorism (e.g. under a fire insurance policy)?		
Details of Pipelines belonging to the Insured covered (length, breadth, whether underground, depth underground etc.,)		
Details of Transmission & Distribution lines covered (owned and operated by the Insured)		

SECURITY INFORMATION	
Details of Security Agency (list location wise)	
Details of Security Guards (list location wise, number)	
Whether Security Guards are Armed? If yes, please enter the number of Armed guards (location wise)	
Whether Property is surrounded by Boundary Walls, Perimeter Fences? If yes, please enter height and other details location wise.	
Location wise details of Entry / Exit Points for Vehicles (please enter number of points, whether manned, mode of regulation and checking, searching, etc.,)	
Location wise details of Entry / Exit Points for Workers and Visitors (please enter number of points, whether manned, mode of regulation and checking, scanning, frisking etc.,)	
Location wise details of Watch Towers, Surveillance Systems (including CCTV's etc.,)	
Details of any Army / Police or Security Establishment Post nearby (location wise)	
Whether Vehicles are parked inside the insured premises? If yes, please enter whether vehicles are checked, searched	
OTHER INFORMATION	
Details of any Past incidents of terrorist, naxal or other attacks on the insured premises or vicinity of the insured premises	
Details of any past Civil commotion, Violent worker unrest	

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 : <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 statutes, 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 ( <a href="http://www.universalsompo.com">www.universalsompo.com</a> ).
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.
<input type="checkbox"/> 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 <a href="http://www.universalsompo.com">www.universalsompo.com</a> 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. <input type="checkbox"/> 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.

Risk Acceptance (For Office Use)

Comment:\_\_\_\_\_  
Signature:\_\_\_\_\_  
Date:\_\_\_\_\_

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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