PROPOSAL FORM -
TEA CROP INSURANCE POLICY

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

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

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

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	

1) PROPOSER'S DETAILS:

Proposer's Name & Address	
Customer ID, if any.	
Contact Person	
Telephone and Email ID:	
Address Proof	Aadhar Card ☐ Driving License ☐ Passport ☐ Voter ID ☐ Others ☐
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")

2) PARTICULARS OF TEA ESTATE PROPOSED FOR INSURANCE

Name of the Tea Estate	
Location and Address (including name of the State)	
Total Crop area in Hectares (excluding Nursery Crop Area) :	

3) PARTICULARS OF PRODUCTION

Made Tea produced during the last 3 years excluding the expiring year

Year	Production
1	Kgs (Actual)
2	Kgs (Actual)
3	Kgs (Actual)

Estimated quantity of Made Tea during the period .... to...........

(Green leaf converted into Made Tea at the ratio of 4:1)

Made Tea from own produce : .... Kgs.
Made Tea from tea leaf purchased from other Garden(s) : ....Kgs.
Total : ....Kgs.

4) DISPOSAL PARTICULARS OF MADE TEA AND STORAGE COVER REQUIREMENTS, WHEREVER APPLICABLE :

(A) INLAND DISPOSALS :

(I) TEA TO BE SENT TO AUCTION CENTRES

	AUCTION CENTRES				
	1	2	3	4	5
Name					
Distance involved from the Estate					
Estimated Quantity					
Storage cover required (in days)					

(ii) TEA TO BE SENT TO DESTINATIONS OTHER THAN AUCTION CENTRES

	Transits upto 80 Kms. from the Garden	Transits beyond 80 Kms. upto 300 Kms. from the Garden	Transits beyond 300 Kms. upto 750 Kms. from the Garden
	(1)	(2)	(3)
Estimated Quantity			
Storage cover required (in days)			

	Transits beyond 750 Kms. from the Garden	FOB/C & F Shipments	Tea Waste	Tea otherwise disposed of at the Garden
	(4)	(5)	(6)	(7)
Estimated Quantity				
Storage cover required (in days)			Not Applicable	Not Applicable

(B) DISPOSALS ABROAD :

	OVERSEAS AUCTION CENTRES	C I F SALES	
		Afghanistan & C.I.S.	All other Countries
		(1)	(2)
Estimated Quantity			
Storage cover required (in days)			

5) BASIS OF VALUATION OF MADE TEA:

		Rs. per kg.
A. OPTION I	Inland (Agreed Value)	
	Overseas (Provisional Value)	
B. OPTION II	i.Inland & Overseas (Agreed Value other than C. I. F. Sales)	
	ii.C. I. F. Sales (Provisional Value)	
C. OPTION III	Inland & Overseas (Provisional Value)	
D. -----------	Tea Waste (Agreed Value)	

NOTES :

i.Any one of the three options provided above (i.e. 'A' or 'B' or 'C') is to be selected.

ii.For arriving at the Provisional Value, average realised value for three completed and adjusted years immediately preceding the expiring year should be taken into account.

iii.Agreed/Provisional Value opted above shall remain unchanged throughout the period of insurance.

iv.For CIF Sales, Sum Insured should not be more than CIF value (+) 10%

6) ESTIMATED QUANTITY OF TEA DESPATCHED THROUGH CONTAINERS	.... Kgs.
7) STATE MAXIMUM VALUE OF ANY ONE SENDING PER ANY ONE CONVEYANCE	Rs.______________
8) PROPOSED QUANTITY OF GREEN LEAF TO BE SENT TO NEIGHBOURING TEA ESTATE FOR	a) One Way : .... Kgs.
MANUFACTURE	b) Both Ways : .... Kgs.
9) IS COVER REQUIRED FOR TEA LYING IN THE ESTATE BEYOND 15% OF THE ESTIMATED ANNUAL CROP ?	Surplus Quantity : .... Kg
IF SO, THE SURPLUS QUANTITY AND MONTH (S) FOR WHICH COVER IS REQUIRED	Period : .... Months

10) IS COVER REQUIRED FOR TEA HELD BACK RELATING TO THE PREVIOUS PERIOD ?
IF SO, SPECIFY QUANTITY AND DISPOSAL PARTICULARS OF THE SAME

	DISPOSAL PARTICULARS				
	1	2	3	4	5
QUANTITY (in Kgs.)					

11) IS COVER REQUIRED AGAINST

a) Strikes, Riots & Civil Commotion :	Yes ☐ No ☐
b) War & SRCC (for Overseas shipments) :	Yes ☐ No ☐

12) IS STORAGE EXTENSION OF 15 DAYS FROM THE DATE OF 'PROMPT' *REQUIRED (For auctions within India only) : Yes / No

*prompt date is the date specified in the respective account sales within which the buyer is required to take delivery of the consignments from the seller's warehouse at auction centres.

13) INSURANCE DETAILS OF THE GARDEN FOR THE 3 YEARS IMMEDIATELY PRECEDING THE EXPIRING YEAR :

Period of Insurance	Insurer's Name with Full Address	Premium (Excluding War & SRCC Premium)	Claims (Excluding War & SRCC Claim) Paid	Outstanding	Total

14) IN THE PAST, HAS ANY INSURER DECLINED TO ACCEPT OR RENEW AND/OR CANCELLED AND/OR IMPOSED ANY SPECIAL RESTRICTIVE CONDITIONS FOR SIMILAR INSURANCES? : IF SO, PLEASE GIVE DETAILS :	Yes ☐ No ☐

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 ☐ Current ☐ Other (Please Specify) ☐	
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 ☐ 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.

Version No USGI44_NH004