

**PROPOSAL FORM -  
TRANSPORT OPERATOR COMPREHENSIVE LIABILITY INSURANCE**



**Registered and Corporate Office :** Unit No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai 400093.  
Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.com

**IMPORTANT NOTE:**

The questions contained in this form are designed to give Insurers information regarding your business. It cannot always cover every aspect and it is your duty to disclose all material information to insurers that may affect the premium or conditions. This form can be completed with or by your Insurance Broker who will be able to assist you in a professional capacity.

The Policy does not commence until the proposal is accepted by the Company and the premium due is paid.

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

**GENERAL INFORMATION**

Proposer's name in full	
Postal Address:	
Telephone & E mail 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")

Date of incorporation:	
If you are a new business, give details of experience of promoters/ key managers in running a similar business :	
Total Number of Employees:	
Total Number of Directors/Partners:	

Operations for which you require insurance:- (Please tick as appropriate)

Freight Services <input type="checkbox"/>	Container Operator * <input type="checkbox"/>	Ship Agent * <input type="checkbox"/>
Vessel/Slot Charterer/Operator * <input type="checkbox"/>	Terminal Operator * <input type="checkbox"/>	Port Authorities * <input type="checkbox"/>

\* If you require insurance for these operations you should complete the OPERATIONAL INFORMATION, INSURANCE HISTORY AND OTHER INFORMATION ( Excluding the General Information ) sections of the applicable Questionnaire.

Are you a member of any Trade Association, if so please provide details:

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Please provide any background or general information regarding your organisation:-

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**OPERATIONAL INFORMATION**

**1) Please describe the main areas of your business and trading conditions:-**

	%	Conditions	Attached
Freight Forwarder As Agent			
Freight As Principal			
NVOCC			
Road Carrier: Own Sub-Contract			

	%	Conditions	Attached
Rail Carrier: Own Sub-Contract			
Air Carrier: Own Sub-Contract			
Warehousekeeper: Own Sub-Contract			
Other (Please Specify)			

If you are not operating under BIFA, CMR, COGSA/Hague Visby, Warsaw Convention or under the conditions of FIATA then you must provide a copy of the Contract/Trading Conditions for Underwriter's approval.

**2) Please advise the percentages of your Traffic to/from or within the following areas:-**

	Road	Rail	Cont. (Sea)	Non-Cont. (Sea)	Air
USA/Canada					
Mexico					
C/S America					
Middle East					
Europe					
Italy					
C.I.S					
India/Pakistan					
China					
Far East					
Africa					
Australasia					

**3) Please advise if you issue any of the following transport documents:**

Type of Document	YES/NO
Bill of Lading	
Multimodal Transport Document	
Seawaybill	
Air Waybill	
Consignment Note	
Freightforwarder's bill	

Please note you must provide copies of the documents you issue for Underwriter's approval prior to attachment of cover:

**4) Please advise the percentages of your traffic for the following types/categories of cargo:-**

Category	%
Personal Effects	
Wine or Beer	
Spirits and other Alcoholic Beverages	
Cigarettes and other Tobacco based products	
Fur and leather or garment/items made from Leather/Fur	
Clocks watches and parts	
Computer micro chips Hi-fis CD Players etc.	
Personal Computers and Games Consoles	
Televisions	
CD players, DVD players, CD's DVD's Tapes and Videos	
Cellular or Mobile Telephones of any description	
Temperature Controlled Cargo	
Plants and/or cut flowers	
Any other cargo of a high value (please give details)	

**5) Do you own or operate any of the following:-**

Containers	Yes/No
Trailers	Yes/No
Trucks/Vans	Yes/No
Rail Wagons	Yes/No
Tractor Units	Yes/No
Fork Lifts	Yes/No
Cranes	Yes/No
Warehouses	Yes/No
Depots	Yes/No

If yes, you must please provide full details on a separate sheet.

**6) Please advise the numbers of staff employed in the following categories:-**

Directors/Senior Management	
Senior Technical	
Clerical/Secretarial	
Operational	
Drivers	
Warehousemen	
Others (Please Specify)	

**7) Please provide turnover ( gross freight receipts) as follows:-**

Next 12 Months	
Current Year	
Last Year	
Before 2 Years	

**INSURANCE HISTORY**

**1) Can you please provide details of your Insurers and Broker during the last 5 years:-**

Year (last 5 years)	Broker	Insurers

**2) Please provide details of paid and outstanding claims for the last 5 years:-**

Year (last 5 years)	Paid	O/S	Total

**3) Please confirm the deductible(s) that were applicable during the last 5 years:-**

Year (last 5 years)	Deductible

**4) What deductible and limit do you require:-**

Deductible	Limit

**5) Please provide details of any claim which exceeded (or is likely to exceed) Rs. 5,00,000 in any one year:-**


**OTHER INFORMATION**

The following questions must be answered in all cases

1) Have you been prosecuted during the last 5 years under any safety legislation in the territories of your operations /elsewhere?  
\_\_\_\_\_

2) Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence?  
\_\_\_\_\_

3) Has any Insurer ever declined to insure you or refused to renew any of your insurances?  
\_\_\_\_\_

If your answer to any of above is "YES", please provide full details (including identity of Insurers if responding to Q3).

You may attach additional sheets for providing all the information.  
\_\_\_\_\_

Please provide below any other information that may be material to the insurers (please use additional sheets for this or any other answers):-


**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 _____
PAN Number :	Transaction No. _____
	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 statutes, 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.  
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