



Universal Sompo General Insurance Co. Ltd.

(A Joint Venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Limited, Dabur Investments Corp. and Sompo Japan Nipponkoa Insurance, Inc.)

Registered and Corporate Office: Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kuria Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 2921 1844, Email: contactus@universalsompo.com

PROPOSAL FORM FOR BURGLARY INSURANCE POLICY

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Insured (Policy to be issued in favour of)	
4) Address of the proposer	
5) Phone Number	
6) Email id	
7) Bank Account No. (Optional if desired by the proposer)	
8) Paid up capital of the firm	
9) Do you wish to cover the interest of any financial institution? If yes, give the names of all financial institutions.	
10) Location details (Complete Address) of the risk to be insured. Note: Burglary Insurance is a Location Specific policy-In case of any change in location, the same does not get covered unless informed to the insurer and agreed by the insurer by means of an endorsement to the policy)	
11) District in which the risk is located	
12) State in which the risk is located	
13) Pin code of the location of risk	
14) Risk Occupancy Note: Please describe the activities carried out in the premises.	Residence/ Shops/ Office/Warehouse/ Industrial premises

15) Are you a sole occupant?
 16) If not, who are other occupants, their names and nature of occupancy

17) Period of Insurance: Start Date (dd/mm/yyyy).
Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.

18) Period of Insurance: End date (dd/mm/yyyy)
Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.

19) Construction Details	Walls (Brick/RCC/Concrete Blocks/Stone/AC Sheet/Open Sided)	Roof (RCC/AC Sheet/Tiles/Thatched/Open)	Age of the buildings	Height of the building	Number of storeys
	Yes/No	Yes/No			

Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks.

20) What protection is provided to:	Doors	Windows	Skylights, ventilators, exhaust fans, lights, air conditioners, trap doors

Note: Mention any specific precautions you have adopted for safeguarding your property

21) Are the premises occupied by you at night? If not by whom? Yes / No

22) Are the premises guarded by exclusive armed Watchmen? Yes / No

23) Are the premises at any time left unoccupied? If so how often and for how long? Yes / No

24) Are all valuables secured in a safe(s) outside business hours? Yes / No

25. Whether the safe is fixed to a wall or concrete bed? Yes / No

- Give
- a) Maker's name
 - b) Height
 - c) Width
 - d) Depth and
 - e) Weight of Safe (s):

26) How many keys are there to the safe (s) and with whom are they kept? Can the safe(s) be opened by single key or by a combination of two or more keys?

27)	a) Are stock and sales book maintained? b) How frequently are these entered? c) How often is stock taken? d) Where are these books kept out of business hours?	Yes/No Monthly/ Quarterly/Half yearly/Yearly Monthly/ Quarterly/Half yearly/Yearly Yes/No
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28. Have any premises occupied by you been entered by thieves?
If so, give full particulars stating when and how access was obtained and the extent of the loss.
What precautions have been adopted to prevent such a recurrence?

29. The name of your existing insurance company Policy No.	Period	Yes/No
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30. Has any company in respect of your Burglary Insurance declined your proposal? Cancelled or refused to renew your policy? Accepted your proposal on special terms and conditions?	Yes/No Yes/No Yes/No
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31. a. Have you ever claimed upon any insurance for loss by burglary or house breaking? b. If yes Please provide the Premium and Claims paid/ outstanding for the last five years/ available years	Year	Premium	Claims Paid & Outstanding	Claims Ratio in %
	Year 1			
	Year 2			
	Year 3			
	Year 4			
	Year 5			
Total				

32. Amount for which contents are currently insured against fire and name of the Insurer.	
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33. Is the insured location protected by a burglar alarm system?	Yes/No
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34. Are there any other security systems or aids deployed, and if so, provide details	Yes/No
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35. Is the burglar alarm system under a maintenance contract?	Yes/No
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36. Do you intend to cover Burglary as result of Riot, Strike and Malicious Damage on payment of additional premium?	Yes/No
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37. Do you want to cover losses due to theft peril also on limit of liability basis in addition to Burglary on payment of additional premium?	Yes/No
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38) PROPERTY TO BE INSURED (GIVE FULL DETAILS)

Sr. No.	Item	Total Value at Risk	Limit of Liability opted (You may choose 10%/25%/ 33.3%/ 50%/ 70%/ total value)	Specify Basis of valuation Market Value
A	Stock in trade			
B	Goods held in trust or on commission for which the insured is responsible			
C	Furniture, fixture, fittings, utensils and appliances used in your business			
D	Coins and currency notes in a locked safe			
E	Valuables (please specify)			
F	Others (Please specify)			
Total				

NB 1: To obtain full indemnity it is necessary to insure for the full value the property in the premises.

NB 2: Market Value (for other than stocks) represents the replacement value of the item as New at time of Damage or Loss less due allowance for betterment, wear and tear and/or depreciation.

Market value for stocks means the procurement value of stocks from the same or similar source.

AML Guidelines:

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the status directly or indirectly governing the prevention of money laundering in India.
 - Nationality: Indian Non Indian If Non-Indian please specify the country
 - Type of Organisation
 - Corporations Governments Non-Governmental Organizations Society
 - Trust Partnership International Organization Cooperatives Section 25 Company

PAN Card Number/Form 60 (Mandatory)

Declaration

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you.

I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Universal Sompo General Insurance Co. Ltd and I/We agree to accept a policy, subject to the conditions prescribed by Universal Sompo General Insurance Co. and to pay premium on, the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

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.

GST Number

Universal Sompo General Insurance Co. Ltd.

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