



Universal Sompo General Insurance Co. Ltd.

(A Joint Venture of Allahbad 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 Kurla Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax#: 022 - 29211184, Email: contactus@universalsompo.com

PROPOSAL FORM BUSINESS SHIELD POLICY

Name of the Proposer _____

Address of the Proposer _____

Name of Person to whom the policy has to be dispatched _____ Telephone No. _____ Mobile No. _____
 E Mail ID _____ Fax No. _____
 Agent/Broker Name _____ Agent /Broker Code _____

Period of Insurance From _____ to _____

Occupation/ Business Activity _____

Paid Up Capital _____

Details of the location to be covered under the policy

Sr. No.	Risk location Address	District	Pin Code	Own/Rented	Occupancy		Construction	
					Any Basement Exposure	Any stock Kept in Open		Wall
1.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Construction: Wall (A) Brick (B) Concrete (C) Steel (D) Wooden (E) Others
 Roof (A) Brick (B) Concrete (C) Steel (D) Wooden (E) Others

Section I & Section II – Fire & Allied Perils, Burglary & Robbery Insurance

Enter Sum Insured Details Per location

Sr. No.	Sum Insured details for Standard Fire & Special Peril policy					Sum Insured details for Burglary & Robbery Policy				
	Location 1	Location 2	Location 3	Location 4	Location 5	Location 1	Location 2	Location 3	Location 4	Location 5
Building										
Plinth & Foundation										
Plant & Machinery										
Furniture/ Fixture/ Office equipment										
Stock										
Others										
Money In safe/Till										
Total										

Note: Sum Insured is to be provided on the reinstatement value basis except for stock

(If the space provided is not sufficient separate sheet to be attached)

If Separate Sum Insured for Plinth & Foundation (P&F) not provided please tick mark Include P & F Exclude P & F

First Loss Basis for Burglary Insurance 75% 50% 25% Declaration Facility (Stocks) Desired Yes No

Details of Safe _____

Add On Cover Under the Fire Section

	Location 1	Location 2	Location 3	Location 4	Location 5	Location 6	Total Amount
Coverage							
Earthquake							
Terrorism							
Omission to Insure							
Impact Damage							
Additional Rent							

Provide the Indemnity Period for Additional Rent for Alternative accommodation Indemnity Period _____ Months

Section III - Fire Loss of Profit

	Amount In Rs
Gross Profit	
Select the indemnity period required	3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 15 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months <input type="checkbox"/>

Sr. No.	Standing Charges Covered under the Policy	Add on cover under the Fire Loss of Profit
1		
2		
3		
4		
5		

Section IV - Money In Transit

Sr. No.	Location	Transit Between	Limit of Liability
		From To	Maximum amount at any one time Rs Estimated Annual total Amount Rs
1			
2			
3			
4			
5			

Section V - Plate Glass and Neon Signs/Glow Signs

Sr. No.	Location	Type of Sign(Metal / Plastic/Glow sign/ Neon Sign)	Dimension of Plate Glass/ Glow Sign	Sum Insured
1				
2				
3				
4				
5				

Section VI, VII , VIII – Electronic Equipment , Machinery Breakdown , All Risk Portable Equipment Insurance

Sr. No.	Coverage (EE/MBD/ ALL Risk)	Location	Type of Equipment	Make	Identification /Serial no	Specification KVA/HP/Kg/cm ²	Year of Mntg.	Sum Insured
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total Sum Insured								

Is there any AMC for the Electronic Equipment Yes No

Geographical Limit of coverage India Worldwide

Note : (If the space provided is not sufficient separate sheet to be attached)

Section IX –Personal Accident

Sr. No.	Employee Name	Occupation of Employee	Place of Employment	Date of Birth	Nominee Name	Maximum Limit of Benefit
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Note : (If the space provided is not sufficient separate sheet to be attached)

Section X –Fidelity Guarantee Insurance

Sr No.	Name of Person /Position	Designation	Limit of Liability	Any additional information

Section XI –Public Liability

Any one Accident Limit Rs.	Any one Year Limit Rs

Premium Summary

Total Premium Rs	Sectional Discount
Premium After Discount	Service Tax Rs
Total Amount Rs	

Past Loss Record

Date of Loss	Incident & Cause (Brief description with amount)	Improvement Made after the Loss

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, in the standard form of and 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

Amount of Cheque:

Cheque Date:

Signature of Proposer

Cheque No.:

SECTION 41 OF INSURANCE ACT, 1938

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 of risk relating to lives or property in India, any rebate of 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 published prospectuses or tables of the Insurer. 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.

Express IT Park, Plot No EL 94, T.T.C. Industrial Area, MID.C., Mahape, Navi Mumbai – 400710
Toll Free Nos: 1800-2224030 / 1800-2004030, Landline Number: (022) 27639800 or (022) 39133700 and Fax No.: (022) 39171419

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Control no NPP-L-10000/050/24Aug2017