



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Ban Ltd, Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kuria Road, Andheri (E),
Mumbai - 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: contactus@universalsampo.com

Proposal Form Comprehensive General Liability Insurance

This Proposal for insurance will be the basis of the Insurance Policy that we issue to you. It is essential that your answers to the questions herein are full and accurately given and that you provide us with all additional information relevant to the risk to be insured /can influence our decision as to the acceptance of the Proposal or the terms upon which it should be accepted. Your failure to comply with this obligation may result in the rejection of your claim and the avoidance of your Policy when a claim is made against the Policy.

SECTION 1 - DESCRIPTION OF TRADE

1. Proposer's name in full: _____
2. Tel. No. _____ Telex No. _____ Fax No. _____
3. Postal Address _____
4. Country of Operations: _____
5. Does Insured have a subsidiary, affiliate or representative entity in the USA?
If yes, please provide Name and Addresses of such affiliate/entity: _____

6. Business Description _____
7. Describe basic process and activities: _____
8. Date of incorporation _____
If you are a new business, give details of experience of promoters/key managers in running a similar business _____
9. Will you, or your employees, handle or have an exposure to any industrial dust of know harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to their health?

SECTION 2 - GENERAL QUESTIONS

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.

4. Give details of any other business/ entity in which you or any of your directors or partners are or have been involved the last 5 years.
- | Name of Business | Trade | From | To |
|------------------|-------|------|----|
| | | | |
| | | | |

5. Give name (s) of the insurer (s) of your present Liability Policy and following information
Insurer: _____
Limits under expiring Policy: _____
Policy Period: _____
Retroactive Date: _____
6. Pl confirm the Indemnity limits sought for the following: the limits under (b),[®] and (d) shall form a part of the overall/aggregate Limit under (a)
Indemnity Limits (INR)

- | | | |
|-----|-----------------------------|--------|
| (a) | Public/Product Liability | Yes/No |
| (b) | Personal/Advertising Injury | Yes/No |
| (c) | Medical Expenses Cover | Yes/No |
| (d) | Other Coverage Sought | Yes/No |
7. Coverage Territory
 - i. India Only
 - ii. Worldwide excluding US/Canada
 - iii. Worldwide including US/Canada

SECTION 3 - PRODUCTS AND SERVICES

A. BROAD OUTLINE	Details	Estimated Annual Turnover
Please provide a general description of products supplied or manufactured and total Turnover figure in INR		

B. ANALYSIS OF PRODUCTS

1. Indicate details of products you do not manufacture
2. Indicate details of products which you modify, adapt, untise or change in some way
3. Give details of imported products including source of origin/suppliers

4. Give details of any products used :

- (a) In Aircraft
- (b) In Marinecraft
- ⊗ Offshore

Details

Estimated Annual Turnover (in INR)

USA OR CANADA

1. Give details of any products supplied directly to or in your knowledge supplied indirectly to the U.S.A. or Canada

2. If products have been supplied in previous years to U.S.A. or Canada indicate Turnover applicable to each in the last 3 years "IN ADDITION" to usual information.

C.SERVICES / TREATMENT

If you provide any services or treatment other than products provide details of the services, the turnover, companies to whom provided and their nationality

D.GENERAL QUESTIONS RELATING TO YOUR LIABILITY AS A PRODUCER

1. Do you retain rights of recovery against manufacturers/suppliers ?
2. Do any of your products require an accompanying hazard warning ?
3. Do you design or prepare specifications for the products you supply?
Give below details relevant to the above questions (including qualifications of design team) :

4. Provide details of your quality control system including any "early warning" mechanism built into your complaints procedure

5. Please indicate period of time, in years, that you retain records of stocks(sales and imports/indigenous purchases) :

Customers :

Suppliers :

E. Please quantify product wise sales turnover for the last 3 years and estimates for the next year below:

Year	US	Europe	Rest of the World	Total

SECTION 4 - Claims Information

1. Please furnish below your claims record(insured/uninsured) over the last 5 years (arising out of the business and where you may be legally liable) - Donot include Automotive Liability Claims

PUBLIC AND PRODUCTS LIABILITY

Year (last 5 years)	Death, disease, illness or injury to third parties and loss or damage to their property and attendant financial loss	Excess	Turnover	Property Damage	No.	Outstanding Claims	No.

DECLARATION

I / We do hereby declare and state that all information given above is true to the best of my / our Knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void ab-initio and I / We shallnot be entitled to any benefit hereunder

Signature _____

Duly constituted authority of Proposer

Date _____

**SECTION 41 OF INSURANCE ACT, 1938
PROHIBITION OF REBATES**

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.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai - 400710

Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

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