



Universal Sompo General Insurance Co. Ltd.

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

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

Errors & Omissions Insurance Policy - PROPOSAL FORM CONSULTING ENGINEERS, ARCHITECTS AND INTERIOR DECORATORS

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance. If there is insufficient space to answer questions, please use additional sheets and attach it to this form. The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

- 1) Name and Address of Proposer:
- 2) When established:
- 3) Description of the Business:
(Please attach brochure, information booklet, etc.)

4) a)	Names in full of all Partners/Directors/Principals	Qualifications in full	Date qualified	How long principal in this practice
b)	Is coverage required in respect of past work for any Partner/Principal who has left, retired or died? YES/NO. If 'YES' please give the following			
	Full Name	Qualifications	How long Principal in this practice	

5) State:
a) No. of qualified engineers
No. of draughtmen
No. of administrative personnel including clerks, typists, office boys, etc.
b) Specify nature of supervision exercised over the employees
c) Total amount of annual wages payable.

6) a)	Please state the 5 largest contracts where construction has commenced during the past 6 years.			
	Starting Date	Type of Contract	Total Contract Value	Approx. Comp. Date
1				
2				
3				
4				
5				
b)	Please give details of Contracts where construction is expected to Commence in the next 12 months.			
	Starting Date	Type of Contract	Total Contract Value	Approx. Comp. Date
1				
2				
3				

7.	State whether you undertake supervision of contract works being executed? If yes, periodicity of inspection with details.
8)	Do you engage persons outside your organisation? If yes, specify the details of purpose and nature of control exercised by you over them (specimen contract be enclosed).

9)	Loss record for 5 years:		
Year	Cause	Kind of loss	Amount of loss
20			
20			
20			
20			
20			

10)	Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)	
11)	Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?	
12)	(a) Please give gross fees received during the past five years	20..... Rs.....
		20..... Rs.....
		20..... Rs.....
	(b) Estimated fees for the coming 12 months Rs.....	20..... Rs.....
13)	Has any Company	
	(a) declined your proposal	
	(b) required an increased premium	
	(c) refused to renew your policy	
	(d) canceled such a policy	
14)	State Limits of Indemnity required	
		Any One Act Rs.....
		Any One Year Rs.....
15)	Period of Insurance Required: From: _____ To: _____	
16)	Voluntary Excess opted, if any:-	
17)	Any other relevant information not stated above	

I/We hereby declare that the above statement and particulars are true and I/We have not suppressed or misstated any material facts and that at the present time I/We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on my/our part and against the company and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I/We also agree that the indemnity under the insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed prior to commencement of this Insurance.

SIGNATURE OF PROPOSER

Date : _____
Place _____

**SECTION 41 OF THE INSURANCE ACT 1938
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 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 Rs. 10,00,000/-

Universal Sompo General Insurance Co. Ltd.

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

Insurance is subject Matter of Solicitation. For more details on risk factors, terms and condition please read sale brochure carefully before concluding a sale. "IRDAL or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium", "IRDAL does not announce any bonus", "Those receiving such phone calls are requested to lodge a police complaint along with the details of phone call and number".

Control no NPPL-1000/050/22Apr12016