



Universal Sompo General Insurance Co. Ltd.

A Joint Venture of Allstate Surk, Wise Overseas Bank, Karnataka Bank Limited, Dshw Investments Corp. and Sompo Japan Nipponkoa Insurance (Incl)

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

PROPOSAL FORM FINE ARTS INSURANCE

Name of the Proposer	Telephone No.	Fax No.
Address of the Proposer	E Mail ID	
Name of Person to whom the policy has to be dispatched	PAN Number	Bank Account No
Agent/Broker Name		Agent /Broker Code
Occupation/ Business Activity		
Address of each of the premises		
Full description of each of the premises	Type of construction	
	Age of the building	
	No. of floors and height of the building, which floor is occupied by you?	
	Information of other occupants/businesses in the building	
	Details of the lifts, elevators, escalators etc. and facilities	
	Activities being carried out in the premises	
Are the premises/equipments/machineries in sound condition of repair	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of surrounding areas/property/occupancies	If no, please provide the details of the action taken.	
Have you complied with all statutory rules/regulations pertaining to the premises and your business activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What Security and Safety arrangements available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there a program for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please furnish the details below:	
	Type of detection and alarm system and FFA installations	
	Availability of service organization in case of such incidents (fire brigades, specialists in environmental protection and toxicology)	
	Provision made for supply of energy, water etc. in an emergency	
Amounts to be Insured	(a) Pictures, paintings, sketches and the like _____	
Do you require cover for (a)transits also- Please specify the points between which transits will take place.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(b) Exhibitions	If Yes, please give details From _____ To _____	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If Yes, please give details of duration of such exhibitions	
	From _____ To _____	
Do the amounts insured represent current market value?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If Yes, please give details _____	

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.

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.

Previous Insurance

Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this insurance would apply?

(a) Name of any previous insurers (if any):
(b) Date of expiry of previous policy:

Yes No
If Yes, please give details:

Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?

Yes No
If yes, please provide details about –
(a) approximate date of each loss or damage:
(b) circumstances and amount of each loss or damage:
(c) with whom the property was insured:

Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

Yes No
If yes, please provide details:

Are there any other factors affecting this insurance of which you are aware?

Yes No
If yes, please provide details:

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein and the information provided in connection with it will be relied upon by the underwriters in deciding whether to accept this insurance.

Place

Date

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

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 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.
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 Sampo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Manpada, Near Mumbai - 400710

Toll Free No: 1800240300(TNLU)/18002004030(Reliance) Direct No: 022 27639800(MTNLU) 39131700(Reliance)

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