

12 Would you like to avail of Off-Duty / On-Duty Cover? If yes, please indicate which one	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Period Of Insurance	From..... To.....

14) Please attach a separate list of employees/members You wish to cover in either of the following format

Format A: (normal format)

Name of the Employee /Member	Salary Roll No./ Identification No	Age	Occupation	Capital Sum Insured in Rs.	Name of the Assignee

Format B:

Category of the employees	Occupation	Number	Number in each Age bracket from age of 20 years increasing multiples of 10	Capital Sum Insured in Rs. (per capita)	Total Capital Sum Insured in Rs.

Declaration

1. "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance Policy, is subject to the Board approved underwriting Policy of the insurance Company and that the Policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
4. I/We declare and consent to the Company seeking medical information from any doctor or from a Hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance Company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Place	
Date	Signature of the Proposer

Please Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the Company.

PROHIBITION OF REBATE -- Section 41 of the 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 the whole 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 rebates 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 liable for a penalty which may extended to ten lakh rupees.

Universal Sampo General Insurance Co. Ltd.

Express IT Park, Plot No EL 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai - 400710

Toll Free Nos: 1800-200-5142, Fax No.: 1800-200-9134, Landline Number: (022) 39635200

Insurance is subject Matter of Solicitation. For more details on risk factors, terms and condition please read sale brochure carefully before concluding a sale. "IRDAI or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium"; "IRDAI 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".

NPPL-3500/079/17Feb2018

Janata Personal Accident Insurance

IRDA/NL-HLT/USGI/P-P/V.I/86/13-14

IRDAI Reg No : 134