



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 - 29211844, Email: contactus@universalsompo.com

PROPOSAL FOR MACHINERY BREAKDOWN INSURANCE POLICY

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Proposer	
4) Address of the proposer	
5) Phone Number	
6) Email id	
7) Paid up capital of the firm	
8) Name of the Insured (Policy to be issued in favour of)	
9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions.	
10) Location details (Complete Address) of the risk to be insured.	
11) District in which the risk is located	
12) State in which the risk is located	
13) Pin code of the location of risk	
14) Risk Occupancy	
15) 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.	
16) 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.	
17) Do the Machineries listed represent the whole of the plant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18) a) Are you at present Insured:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If so, with whom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19) Has any Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Declined to insure any of the Machinery now proposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Required an increased premium or imposed special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Requested for repairs or made other special stipulations for risk improvement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20) a) Are you aware of any defects / damages existing in the machinery.	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If so, give details thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
21) a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If so, give details of damage/s and repairing cost.	Yes <input type="checkbox"/> No <input type="checkbox"/>
22) a) Are regular periodical inspections of the machinery carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If so, by whom and at what intervals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23) On payment of additional premium do you wish to cover:	If yes provide limits of indemnity

- a) Escalation Amount/percentage
 - b) Express Freight (excluding Airfreight), overtime and Holiday rates of wages)
 - c) Air Freight
 - d) Owners surrounding property
 - e) Third Party Liability
 - AOA
 - AOV
 - Additional Customs Duty
- a) Rs. _____
 - b) Rs. _____
 - c) Rs. _____
 - d) Rs. _____
 - e) Rs. _____
 - Rs. _____
 - f) Rs. _____

SCHEDULE OF MACHINERY TO BE INSURED

Note:

- a) Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No. 3
- b) The Sum insured must be calculated on the present day new replacement value of the Machinery, to be insured including provision for packing, freight and also value of erection-costs customs duty, etc., to afford full protection under this policy.
- c) if any of the Machinery is a 'stand-by' this fact should be mentioned.
- d) All portable Machinery must be so designated. All items in the open must be so described separately
- e) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required.

S. No.	Quantity	Description Type, Model, Capacity of Machines / Serial Nos./ HP/ KVA Volts, AMPS, RPM	Maker's Name and Country of origin	Total Year of Make	Sum Insured	Excess
1	2			4	5	6

AML Guidelines:

- 1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
 - 2. I understand that the Company has the right to call for documents to establish sources of funds.
 - 3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the status directly or indirectly governing the prevention of money laundering in India.
 - Nationality: Indian Non Indian If Non-Indian please specify the country
 - Type of Organisation
 - Corporations Governments Non-Governmental Organizations Society
 - Trust Partnership Internaitonal Organization Cooperatives Section 25 Company
- PAN Card Number/Form 60 (Mandatory)

Declaration by Insured

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the " _____ Co. Ltd."

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place _____
 Date _____
 Signature of Proposer _____
 GST Number _____

INSURANCE ACT 1938, SECTION 41 - 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 renewing 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 Ten Lakhs rupees.

Universal Sompo 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: 1800-2224030 / 1800-2004030, Landline Number: (022) 27639800 or (022) 39133700 and Fax No.: (022) 39171419

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