



Universal Sompo General Insurance Co. Ltd.

(A Joint Venture of Dai-ichi Kangyo Bank, Indosuez Generali Bank, Kyushu Fuyo Bank, Dai-ichi Kangyo Bank, Dai-ichi Kangyo Insurance Co., Ltd.)

Registered and Corporate Office: Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kuria Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 29211844, Email: contactus@universalsompo.com

PROPOSAL FORM OFFICE PACKAGE POLICY

Name of the Proposer			
Address of the Proposer			
Name of Person to whom the policy has to be dispatched	Telephone No.	Fax No.	
	E Mail ID	Bank Account No.	
Agent / Broker Name	From	Agent / Broker Code	To
Period of Insurance			
Occupation/ Business Activity			
Bank Name to be incorporated in the policy			
Paid Up Capital			

Details of the location to be covered under the policy

Sr. No.	Risk location Address	District	Pin Code	Own/ Rented	Occupancy Any Basement Exposure	Any Stock Kept In Open	Construction Wall	Roof
1				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Construction : Wall (A) Brick (B) Concrete (C) Steel (D) Wooden (E) Others								
Roof (A) Brick (B) Concrete (C) Steel (D) Wooden (E) Others								

Section I & Section II – Fire & Allied Perils, Burglary & Robbery Insurance

Enter Sum Insured Details Per Location

Sr. No.	Sum Insured details for Standard Fire & Special Peril policy					Sum Insured details for Burglary & Robbery Policy				
	Location 1	Location 2	Location 3	Location 4	Location 5	Location 1	Location 2	Location 3	Location 4	Location 5
Building										
Plinth & Foundation										
Plant & Machinery										
Furniture/ Fixture/ Office equipment										
Stock										
Others										
Money In safe/Trill										
Total										

Note: 1. Sum insured is to be provided on the reinstatement value basis except for stock

2. Fire cover is an essential cover for taking this Package policy

If the space provided is not sufficient separate sheet to be attached.

If Separate Sum Insured for Plinth & Foundation (P&F) not provided please tick mark Include P & F Exclude P & F

Details of Safe _____

Section VI, VII – Electronic Equipment, Machinery Breakdown Insurance

Sr. No.	Coverage (EEI/ MBD)	Location	Type of Equipment	Make	Identification/ serial no	Specification KVA/HP/Kg/cm ²	Year of Mfrs.	Sum Insured
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
Total Sum Insured								

Is there any AMC for the Electronic equipment YES | | No | |
 Note : (If the space provided is not sufficient separate sheet to be attached)

Section VIII –Personal Accident

Sr. No.	Employee Name	Occupation of Employee	Place of Employment	Date of Birth	Nominee Name	Maximum Limit of Benefit
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						

Note : (If the space provided is not sufficient separate sheet to be attached)

Section IX – Fidelity Guarantee Insurance

Sr No.	Name of Person/Position	Designation	Limit of Liability	Any additional information
1)				
2)				
3)				
4)				
5)				

Section X –Public Liability (Non – Industrial)

Any one Accident Limit Rs.	Any one Year Limit Rs
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