



# Universal Sampo General Insurance Co. Ltd.

(A Joint Venture of Allahbad Bank, Indian Overseas Bank, Karnataka Bank Limited, Dabur Investments Corp. and Sampo Japan Nipponkoa Insurance, Inc.)

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## SHOPKEEPER'S INSURANCE POLICY – PROPOSAL FORM

(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) Bank Account No.   |   |
| 8) Occupation/Business Activity<br>(Please state the commodities to deal in)  |   |
| 9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions. |   |
| 10) District in which the risk is located   |   |
| 11) State in which the risk is located  |   |
| 12) Pin code of the location of risk  |   |
| 13) Period of Insurance   | Start Date (dd/mm/yy) _____ End Date (dd/mm/yy) _____ |

### COVERAGE PROPOSED (PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

#### SECTION 1

##### Fire and Allied Perils- Building & Contents

|   |  |
|---|--|
| <b>1.) BUILDING:</b><br>(a) Nature of Construction:<br>Wall<br>Roof   | Bricks/Concrete/ others (pl. specify)<br>Concrete/AC sheet/Metallic sheet/Tiles/others (pl. specify) |
| (b) Occupancy<br>(i) Is the building solely occupied by you<br>(ii) If the answer if 'NO', Please provide details of other occupancies<br>(iii) Do you own the Building   | Yes/No   |
| (c) If you own the Building, please provide the details of Sum to be insured (Reinstatement value)<br>(i) Super Structure<br>(ii) Plinth & Foundation   | Yes/No   |
| <b>2.) CONTENTS</b><br>(a) Sum to be insured for contents<br>(i) Saleable Items (Market Value i.e. procurement value)<br>(ii) Furniture, Fixture, Fittings (Reinstatement Value)<br>(iii) Business Equipments/Electronic Equipments (Reinstatement Value) | Rs _____<br>Rs _____<br>Rs _____   |
| <b>3.) ADD ON COVER</b><br>(a) Do you wish to cover terrorism risk at additional premium<br>(b) Do you wish to cover earthquake risk at additional premium  | Yes/No<br>Yes/No   |

**SECTION 2 Burglary & Robbery**

- 1) What protection is provided to:
- (a) Doors
  - (b) Windows
  - (c) Skylights, ventilators, exhaust fans, lights, air conditioners, trap doors
- NB: Mention any specific precautions you have adopted for safeguarding your Property

- 2) Are the premises guarded by Watchmen? If so by how many and during what time?
- 3) Are all valuables secured in a safe(s) outside business hours?
- 4) How many keys are there to the safe (s) and with whom are they kept?
- 5) Is the insured location protected by a burglar alarm system? If yes, please specify
- 6) Sum to be insured for contents:
- (i) Saleable Items (Market Value i.e. procurement value) Rs \_\_\_\_\_
  - (ii) Furniture, Fixture, Fittings (Reinstatement Value) Rs \_\_\_\_\_
  - (iii) Business Equipments/Electronic Equipments (Reinstatement Value) Rs \_\_\_\_\_
  - (iv) Money in safe (Restricted to one day's collection) Rs \_\_\_\_\_
  - (v) Money in till/counter (Restricted to one day's collection) Rs \_\_\_\_\_
  - (vi) Other Valuables (pl. specify) Rs \_\_\_\_\_

**SECTION 3 MONEY**

- 1) Money in transit (Please indicate the limit required per transit) Rs \_\_\_\_\_
- 2) Is there a daily written record of the money in transit and is it updated everyday Yes/No \_\_\_\_\_

**SECTION 4 Plate Glass and Neon Signs/Glow Signs**

**A. Plate Glass**

- (i) Description & location
- (ii) Insured Value of Plain Glass (pl. provide Replacement value)
- (iii) The cost of tinting, lettering, painting, embossing, silvering or any other ornamental work, if propose to insure

**B. Neon Sign/ Glow Sign**

- (i) Description & Location
- (ii) Year of installation
- (iii) Name of manufacturer
- (iv) Insured Value (pl. provide Reinstatement value)

**SECTION 5 Electronic Equipment Insurance**

(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)

| Item No | Description | Date of Manufacture | Name of Manufacturer | Reinstatement Value |
|---------|-------------|---------------------|----------------------|---------------------|
|         |             |                     |                      |                     |
|         |             |                     |                      |                     |
|         |             |                     |                      |                     |
|         |             |                     |                      |                     |
|         |             |                     |                      |                     |

Do you require cover for data media and system software? If so, provide

- (i) Reinstatement value of data media Rs \_\_\_\_\_
- (ii) Repurchase cost for system software Rs \_\_\_\_\_



**SECTION 11 BUSINESS INTERRUPTION**

**A) APPLICABLE WHERE ANNUAL TURNOVER IS LESS THAN RS. 10 LAKHS**

- |  |        |
|--|--------|
| 1) What was your turnover for last financial year?                 | Rs     |
| 2) What is the estimated turnover for this year?                   | Rs     |
| 3) Do you keep proper books of accounts?                           | Yes/No |
| 4) Is the books of accounts are audited by a Chartered Accountant? |        |
| 5) If yes, give the name and address of the Chartered Accountant   |        |
| 6) What is the indemnity period opted? (Maximum 12 months only)    |        |
| 7) What is the sum insured for saleable items under Section 1?     |        |

**B) APPLICABLE WHERE ANNUAL TURNOVER IS MORE THAN RS. 10 LAKHS**

- |  |        |
|--|--------|
| 1) What was your turnover for last financial year?                 | Rs     |
| 2) What is the estimated turnover for this year?                   | Rs     |
| 3) Do you keep proper books of accounts?                           | Yes/No |
| 4) Is the books of accounts are audited by a Chartered Accountant? |        |
| 5) If yes, give the name and address of the Chartered Accountant   |        |
| 6) What is the indemnity period opted?                             |        |
| 7) Gross Profit To be Covered                                      | Rs     |

|                         |    |
|-------------------------|----|
| Net Profit (before Tax) | Rs |
| Standing Charges        | Rs |

**NOTE:**

- If the indemnity period is more than 12 months, the gross profit to be proportionately increased.
- All the fixed expenses are to be considered as standing charges.

**AML Guidelines:**

- 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.
  - I understand that the Company has the right to call for documents to establish sources of funds.
  - 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  International Organization  Cooperatives  Section 25 Company
- PAN Card Number/Form 60 (Mandatory)

**Declaration**

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you.

I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Universal Sompo General Insurance Co. Ltd and I/We agree to accept a policy, subject to the conditions prescribed by Universal Sompo General Insurance Co. and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place \_\_\_\_\_ Signature of Proposer \_\_\_\_\_  
 Date \_\_\_\_\_  
 GST Number \_\_\_\_\_

**SECTION 41 OF 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 whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person talking 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.
- 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.**  
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