



# Universal Sompo General Insurance Co. Ltd.

(A Joint Venture of Allahabad 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 Kuria Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 29211844, Email: [contacts@universalsompo.com](mailto:contacts@universalsompo.com)

## PROPOSAL FOR STANDARD FIRE & SPECIAL PERILS POLICY

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

IMD Name:  
Sub IMD Name:

IMD Code:  
Sub IMD Code:

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 favor 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.	Location 1	Location 2	Location 3

**Note:** Fire Insurance is a Location Specific policy-In case of any change in location, the same does not get covered unless informed to the insurer and agreed by the insurer by means of an endorsement to the policy)

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

**Note:** Please describe the activities carried out in the premises. In case the risk is silent, Please clearly state as to from when it is silent and when is expected to re-start its operations. In case of a silent factory, please also state whether the power supply has been cut off or not and whether the risk is free from all storages. In case the risk is a shop, please state the names of major class of goods stored in the shop. In case of Warehouse (Godown), please state the names of major goods stored in the premises. In case of a manufacturing premises, please state the name of raw materials, the process involved and the name of finished goods

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 you wish to delete any of the following perils from coverage and avail discounts in premium

Flood, Storm, Cyclone, Inundation  
Riot, Strike & Malicious Damage

Yes / No  
Yes / No

18) Sum Insured	Building (Other than plinth & foundation)- please include furniture & fixtures values.	Building (Plinth & Foundation)	Stocks	Others	Please state whether the SI (Other than stocks) represents RIV or MV*	Remarks
Location 1						
Location 1- Materials in open						
Location 1- Materials in Basement						
Location 2						
Location 2- Materials in open						
Location 2- Materials in Basement						

Location 3							
Location 3- Materials in open.							
Location 3- Materials in Basement.							

**Note :** Please note that you have an option to insure the Building (Plinth and Foundation) values only against the risk of "Earthquake". If you want to do so, please state it in the remarks column. If no request is made by you, we shall assume that you intend to cover the Building (Plinth and Foundation) against all the perils covered under the fire and special perils policy.

Values given above should include the values of all assets (belonging to you) lying within the premises. This should include such assets as Compound walls/fence/entrance gates/etc.

If any machinery/equipment/Stocks are lying in open or in basement, please mention the same as a separate item. Otherwise, these machinery/equipment/stocks are not stand covered under the policy.

\* The sum insured of all items above (other than those of stock) can be either "RIV (Reinstatement Value)" -that is new replacement value or "MV (market value) – that is new replacement value less depreciation. For stocks, the sum insured should represent the market value.

19) Construction Details	Walls/Brick/RCC/Concr ete Blocks/Stone/AC Sheef/Open Sided)	Roof(RCC/AC Sheef/ Tiles/Thatched/ Open)	Age of the buildings	Height of the building	Number of storeys
Location 1					
Location 2					
Location 3					
Location 4					

**Note:** If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks.

20) Additional Perils to be covered	Do you wish to cover the same	Sum Insured	Remarks
Earthquake	YES/NO		
Terrorism	YES/NO		
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped there from	YES/NO		The sum insured as already described above will be considered. Separate values need not be given here.
Spontaneous Combustion	YES/NO		If answer is yes, please name the commodity (ies) to be covered and give the sum insured of the commodity to be covered under the "Sum Insured" column.
			Name of commodity to be covered for spontaneous combustion:
Spoilage Material Damage cover	YES/NO		Please name the block(s) which you want to be covered for Spoilage material damage cover. Under the column of sum insured, please mention the sum insured of all stocks, machinery, equipment and containers in these block(s).
			Name of the block(s)
Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	YES/NO		If your answer is yes, please mention the Sum Insured of the stock lying in the cold storage premises under the "Sum Insured" column.
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	YES/NO		
Molten material damage	YES/NO		
Forest Fire	YES/NO		
Leakage and Contamination cover	YES/NO		
21) Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage's	Sum Insured	Remarks
Architects, Surveyors and Consulting engineer's fees. (In excess of 3 % of claim amount).	YES/NO		It needs to be ensured that the sum insured selected shall be less than or equal to 7.5 % of the total sum insured under the policy.



Removal of Debris (in excess of 1 % of the claim amount).

YES/NO

It needs to be ensured that the sum insured selected shall be less than or equal to 10 % of the total sum insured under the policy.

Start Up Expenses

YES/NO

Loss of rent

YES/NO

Rent for alternative accommodation

YES/NO

Temporary removal of Stocks

YES/NO

Omission to Insure additions/alterations

YES/NO

The sum insured as already described above will be considered. Separate values need not be given here.  
5 % of the sum insured (other than stocks) as already described above will be considered. Separate values need not be given here.

Additional expenses under local authorities clause

YES/NO

Escalation Clause

YES/NO

If yes, please state the percentage of escalation opted for (maximum percentage that can be opted for being 25 %). This clause is not applicable for stocks.  
Percentage Escalation opted for:

Declaration Clause

YES/NO

This is applicable only for coverage of stocks (other than stocks in process or for retail stocks).

If your above answer is yes, please mention the block(s) – clearly stating at which location and give separate sum insured for each of the blocks. Please ensure that this sum insured is not appearing in the Stocks sum insured mentioned earlier.

Block Description

Location

Sum Insured

Remarks

Floater Clause

YES/NO

If you choose yes, please mention the block description and location details in the above rows, do not fill the individual sum insured, but fill in the combined sum insured in the "Sum Insured" cell in this row.

22) Premium/losses details for last 60 months.

Premium Paid

Losses Incurred

Year

Number of Claims

Amount of Claim

23) Do you wish to opt for Voluntary Deductible?

Yes/No

If the answer above is yes, Please tick in one of the below mentioned slabs.

Act of God Perils: 5 % of the claim amount subject to a minimum of Rs in lakhs

Other Perils in Rs in lakhs.

Slab 1	10	5
Slab 2	20	10
Slab 3	30	15
Slab 4	60	30
Slab 5	100	50
Slab 6	500	100
Slab 7	1000	500
Slab 8	2000	1000
Slab 9	4000	2000

24) Fire Protection Equipment/ Systems available at the risk	Location 1	Location 2	Location 3
Portable Extinguishers	Yes/No	Yes/No	Yes/No
Small bore hose reels	Yes/No	Yes/No	Yes/No
Trailer Pumps/Fire engines	Yes/No	Yes/No	Yes/No
Hydrant System	Yes/No	Yes/No	Yes/No
Sprinkler System	Yes/No	Yes/No	Yes/No
Fixed Water Spray System	Yes/No	Yes/No	Yes/No
Foam systems	Yes/No	Yes/No	Yes/No
Fire alarm systems	Yes/No	Yes/No	Yes/No
Gas flooding systems	Yes/No	Yes/No	Yes/No
25) How far is the public fire brigade from the insured location	Distance in KM		Is there a railway crossing in between the public fire station and the insured location.
Location 1			Yes/No
Location 2			Yes/No
Location 3			Yes/No
26) Please state the plinth height of the building compared to the ground level	Plinth level in feet		Remarks
Location 1			If there are more than one blocks, please mention the details of the building with the least plinth level.
Location 2			
Location 3			
27) Please state whether the location ground level is lower or higher than the surrounding road level.	Lower/Higher		

**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  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

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.**

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