



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sampo Jyoti Kijoukha Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sanganj Complex, 127, Anilheri Kurki Road, Anilheri (E),
Mumbai - 400059, Maharashtra, Toll free Fax No. 1800-200-9134. Email: contactus@sampogeneral.com

PROPOSAL FORM WEATHER INSURANCE POLICY

Name of Insured	
Date of Proposal / Declaration	
Address of Insured	
Phone No.	
Geographical Location	<place>, <district>, <state>
Policy Period	
Weather parameter required to be covered	
Have you taken insurance of similar nature from some other company?	
If Yes to above, then please provide details.	

Details of Insured Persons

S. No.	Name of Insured Person	Landholding (Acres/ Hectares etc.)	Own/Lease	Crop Cultivated	Sum Insured (INR)
1.					
2.					
3.					

* Please use separate sheet for the Format above if required

Declarator:

"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/us is/are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me/us 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

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.

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.

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 with any Governmental and/or Regulatory authority."

Name of the Proposer:	

Date:
Place:

SIGNATURE OF PROPOSER

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

PROHIBITION OF REBATES: Section 41 of the Insurance Act, 1938

- A. 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 taking 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.
- B. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

USE IF FILLED BY SCRIBE

DECLARATION
(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE OR FOR FORMS SIGNED IN VERNACULAR LANGUAGES)

I, _____ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract for _____ Policy between the Company and the Proposee Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be created as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Proposee Policyholder has signed / affixed his/her right thumb impression in my presence.

I, the Proposee Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

ADDRESS OF SCRIBE	
City/Village	
State	
Place	
Pin	
Date	

Signature of the Scribe
*Scribe is a person not connected with the Company.

Signature / Right Thumb Impression
of the Policyholder Proposee

Signature of Life Advisor
/ Broker as witness

USE IF FILLED BY OTHER THAN SCRIBE

IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNACULAR OR IF FORM HAS BEEN FILLED BY AGENT/EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED

I, (Name of the Agent/Specified Person/Broker/Employee), (Agent/Specified Person/Broker/Employee Code) hereby declare that I have read & explained the contents of the proposal form to the Proposed Insured/ Proposer in language and that I have read out to the Proposed Insured/ Proposer, the answers to the questions dictated by the Proposed Insured/Proposer. The information/answers filled in the proposal form by me on behalf of the Proposed Insured/ Proposer are exact replication of the information/answers provided to me by the Proposed Insured/Proposer and that the Proposed Insured/ Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Insured/ Proposer.

Signature of Agent/Specified Person/Broker/Employee

Signature/ Thumb Impression of Proposed Insured/ Proposer

Witness Details	
Name:	
Signature	
ID Proof Type:	
ID Proof Number:	

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Universal Sampo General Insurance Co. Ltd.

KLS Tower, Pox No EL 94, MIDC, Mahape, Navi Mumbai - 400710

Toll Free Nos: 1800224030(MTNL), 18002004030(Reliance) Direct Nos: 022 27639800(MTNL), 39133700(Reliance)

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

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