



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.)

Registered and Corporate Office: Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (East), Mumbai - 400 059. Maharashtra. Fax# 022 - 2921 1844, Email: contactus@universalsampo.com

PROPOSAL FORM FOR FARMER'S PACKAGE 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) Bank Account No.	
8) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions. and the sections for which required	
9) District in which the risk is located	
10) State in which the risk is located	
11) Pin code of the location of risk	
12) Period of Insurance:	From _____ (time & date) To _____

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

SECTION 1 Fire and Allied Perils- Building & Contents

1) BUILDING	
(a) Nature of Construction: Wall	Bricks/Concrete/others (pl. specify)
Roof	Concrete/AC sheet/Metallic sheet/Tiles/others
(b) Occupancy (i) Is the building solely occupied by you (ii) If the answer is 'NO', Please provide details of other occupancies (iii) Do you own the Building	(pl. specify) Yes/No
(c) If you own the Building, please provide the details of Sum to be insured (Reinstatement value)	Yes/No
(i) Super Structure	Rs
(ii) Plinth & Foundation	Rs
2) CONTENTS	
(a) Sum to be Insured for contents	
(i) Household goods	Rs
(ii) Stocks of grains	Rs
(b) In house or godown located at the (Please mention the address)	Rs
(c) Open in fields	Rs

SECTION 2 Burglary & Theft

(1) What protection is provided to:

- (a) Doors
- (b) Windows

NB: Mention any specific precautions you have adopted for safeguarding your Property

2) Sum to be Insured for contents

(The sum insured to be the same as in case of Fire)

i) Household goods

Rs

ii) Stocks of grains

Rs

(b) In house or godown

Rs

(Please mention the address of the godown)

(c) Open in fields

Rs

SECTION 3 Agriculture Pump Set

a) Owner of the Pump

The pump should be in the name of the farmer or his family members

b) The location of the pump

c) If it is secured in lock & Key (Applicable for pumps other than Submersible Pumps only)

d) Is the pump in good & working condition

e) The details of the pump

SECTION 4 Animal Cart Details

a) Owner of the Animal Cart

The Cart should be in the name of the farmer or his family members

b) The type of Cart

c) The type of animal used to draw it

d) Do you wish to cover the animal also if yes,

i) The Type of animal

ii) The age of the animal

iii) The sex of the animal

iv) The market value of the animal

e) The details of the cart

i) The type of cart-----Cart/ Tonga

ii) The body of the cart-----Wooden / Steel

iii) The year of Manufacture

iv) The identification no./ Sr. No. Of the cart

v) The place where it is kept

SECTION 5 Cattle Insurance

a) Owner of the cattle

(The cattle should be in the name of the farmer or his family members)

b) The address where the cattle is kept

c) The details of the cattle to be insured

d) Is the cattle in good health

e) Please attach the veterinary certificate

f) The animal shall be got tagged by the Veterinary Surgeon.

Sr. No.	Type of Cattle	Breed	Sex	Date of Birth/Age	Market Value	Tag No. L/R Ear
1)						
2)						
3)						

Sr. No.	Type of Pump	Manufacturer	Year of Manufacturing	Sr. No.	Reinstatement Value

SECTION 6 Janata Personal Accident

a. Do you want Janata personal accident cover for

i. Yourself

Yes No

ii. Family members (who assist you in the business)

Yes No

iii. Other employees

Yes No

b. Please give the following details for all persons to be covered under this section (If necessary please attach separate list)

Name of the person	Relationship with the proposer	Nature of functions	Date of Birth	Sum to be insured (Rs)	Any Existing deformity if any Value

(*The Sum Insured in respect of each person may be from Rs. 25000/- to Rs. 1 Lac in multiplication of Rs. 25000/-)

SECTION 7 Bio Gas Plant

1) The address of the plant	
2) The value of the complete plant	
3) The name of the supplier	
4) The Year of Manufacture	
5) The capacity of the plant	

SECTION 8 Tractor & Trailer & Agriculture Implements

Proposer's (Owner's) Full Name	Mr/Mrs
Address (Address where vehicle is normally kept and used)	
Pin Code:	Tel. No:
Fax No:	E-Mail
Occupation / Business	
Date of Birth	
Year of issuance of first driving license: and its date of expiry	_____ to _____
Type of Cover required : Package Policy	

1) Registration No. and Date of Registration of the Vehicle	
2) Registering Authority & Location	
3) Year of Manufacture	4) Engine No:
5) Chassis No.:	6) Make of Vehicle:
7) Type of Body/Model:	8) Horse Power:
9) Whether use of vehicle is limited to own premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Whether the vehicle is used for Pvt. Purpose (excluding use for hire or reward)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11) Are you entitled to No Claim Bonus? If yes, please submit proof thereof.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12) Liability to Third Parties (Property Damage) Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only? NB: The policy provides Third Party Property Damage (TPPD) up to Rs.7.5 lakhs	Yes <input type="checkbox"/> No <input type="checkbox"/>
13) Do you wish to cover Legal Liability to ? A) Driver (No. of persons _____) B) Other employees (No. of persons _____) C) Non-fare paying passengers (No. of persons _____)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
14a. Do you use your paid driver for loading/unloading operations, if any?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15) Do you use the vehicle for social, domestic or pleasure purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

16) Insured's Declared Value (Please fill up the following table)

Insured's Declared Value of vehicle	Non - electrical accessories fitted to the vehicle	Electrical & electronic accessories fitted to the vehicle	Trailers	SPECIFIC ATTACHMENTS / Agriculture Implements	Total Value
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

16 a. Pl. furnish make & identification details of trailer/specific attachments:

17) Trailer chassis number/registration number

Note:

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this insurance and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the Trailers & Agriculture Implements, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note. IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

28) Previous History

a. Date of Purchase of the vehicle by the proposer

b. Whether the vehicle was New or Second Hand at the time of Purchase

c. Is the vehicle in good condition?
If "No" please give full details (Yes/No)

d. Name and address of the previous insurer

e. Previous Policy Number

Period of Insurance From _____ (time & date) To _____

f. Type of cover: Liability Only Cover / Package Cover / Others (specify)

g. Claims lodged during Year Number Amount (Rs.) the preceding 3 years

i) Has any insurance company ever :

a) declined your proposal

b) cancelled & refused to renew
(if yes, reasons there for) Yes No c) imposed special condition or excess
(if yes, reasons and details thereof) Yes No **29) Details of Hire Purchase / Hypothecation / Lease**

a) Is the vehicle proposed for insurance

Under Hire Purchase (Yes/No)

Under Lease Agreement (Yes/No)

Under Hypothecation Agreement (Yes/No)

b) If yes, give name and address of concerned parties

30. Details of Driver

(a) Age Owner Driver

Others

(b) Does the driver suffer from defective vision or hearing or any physical infirmity.
If "Yes" please give details. (Yes/No)

(c) Has the driver ever been involved/convicted for causing any accident or loss ? If yes, please give details as under including the pending prosecution, if any

Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/Cost Rs.

31. Any other relevant information

Declarations and Warranty

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 USGI and I/We agree to accept a policy, subject to the conditions prescribed by USGI 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.

Date _____

Proposer's Signature/Left thumb impression

Declaration by the Agent

I declare that the answers to the above questions as stated by the proposer have been correctly filled in by me and further explained to and understood by the proposer.

Agent's Signature

Prohibition or Rebates

- No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and 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 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 provision of this Section shall be punishable with fine which may extend to Ten Lakhs Rupees.

FOR OFFICE USE ONLY

Premium Calculation

Total Premium: Rs.

Discount for covering more than 4 Sections...% Rs.

Net Premium: Rs.

Service Tax; Rs.

Accepted by _____

Date & Time _____

Policy No. :

Universal Sampo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai – 400710

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

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