

Name of the Proposer

## Universal Sompo General Insurance Co. Ltd.

(A Joint Venture of Allahbad 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 Kurla Road, Andheri (East), Mumbai - 400 059. Maharashtra. Fax# 022 - 29211844, Email: contactus@universalsompo.com

## PROPOSAL FORM OFFICE PACKAGE POLICY

Address of the	e Proposer											
	on to whom th	e										
policy has to be dispatched			Telephone	No.			Fax No.					
			E Mail ID				Bank Account No.					
Agent /Broker Name							Agent /Bro	ker Code				
Period of Insu	rance	From			То							
Occupation/ E	Business Activit	ty										
Bank Name to the policy	be incorporat	ed in										
Paid Up Capita	al											
Details of the	location to be	covered un	der the pol	icy								
Sr. R	isk location A	ddress	District	Pin Code		Occupancy			Construction			
No.					Own/ Rented		Any Basement Any stock Kept		Wall	Roof		
1						Yes No [		□ No □□				
2						Yes No [	□ Yes □	□ No □				
3						Yes 🔲 No	□ Yes □	□ No □				
4						Yes No	Yes 🗆	□ No □				
5				<i>(</i> -> -		Yes No	Yes 🗆	□ No □□				
Construction :	: Wall (A) Bri Roof (A) Bri	` '	Concrete Concrete	(C) Stee (C) Stee		ooden (E) Ot ooden (E) O						
Section I & Se	ction II – Fire	& Allied Per	rils, Burglar	y & Robber	y Insuranc	e						
Enter Sum Ins	ured Details Pe	er location										
ection II & Se	ction III – Fire	& Allied Pe	rils , Burgla	ary & Robbe	ry Insuran	ice						
	red Details Pe			•	•							
Sr. No.	Su		details for S cial Peril p	Standard Fire	e &	Sum Insured details for Burglary & Robbery Policy						
	Location	Location Location		Location Location		on Location Location			Location Location			
	1	2	3	4	5	1	2	3	4	5		
Building												
Plinth & Foundation												
Plant & Machinery												
Furniture/ Fixture/ Office equipment	2											
Stock												
Others												
Money In safe/Till												
Total												
ote: 1. Sum insu 2. Fire cover	red is to be provid r is an essential co ded is not sufficier	ver for taking t	his Package p	olicy	for stock							
f Separate Sun	n Insured for P	linth & Four	ndation ( P&	&F) not prov	ided pleas	e tick mark	Include P 8	&F Exc	lude P &F			
etails of Safe												

Add On Cover Under the Fire Section												
Coverage Location 1		Location 2 Location 3		Location 4		Location 5 L		tion 6	Total Amount	t		
Terrori	sm											
Loss of Rent												
Additional Rent												
Indemn	ity Period for	(1) Loss of Rent	(2) Addit	ional R	ent for Alterna	ative accom	moda	ation Indemnity	Period .		Months	;
Section	n III - Fire Los	ss of Profit										
			Aı	mount	In Rs		Sel	ect the indemnit	y perio	d require	ed	
Gross F	Revenue							6 Months 🔲 2			20 Months	
						13 MONUIS		io Months 2	4 1010110	113 🗀 3	o Months	
Section	n IV - Money	In Transit										
Sr. No.		Location			Transit Between			Limit of Liability				
						То		Maximum amount at any one time Rs		Estimated Annual total Amount Rs		I
1)												
2)												
3)	3)											
4)	4)											
5)												
Section	า V - Plate Gl	ass and Neon Si	gns/Glow	Signs								
Sr. No. Location				Type of Sign( Metal / Plastic Glow sign/ Neon Sign)			Dimension of Plate Glass/ Glow Sign			um Insured		
1												
2	2											
3	3											
4	4											
5												
6												

Section	Section VI, VII – Electronic Equipment , Machinery Breakdown Insurance											
Sr. No.			Type o Equipmo		Make	Identification/ Serial no		Specification KVA/HP/Kg/ cm2				Sum Insured
1)												
2)												
3)												
4)												
5)												
6)												
7)												
8)												
9)												
10)												
									Total S	Sum Insur	ed	
		r the Electron provided is no			No [ et to be a							
	n VIII –Persor											
Sr. No		oloyee Name	Occ	upation of	Plac	ce of	Date o	f Birth	Nom	inee	Ma	aximum Limit
31.110	,	oloyee Hullic		mployee		yment	Dute 0	. Dirtii	Nai			of Benefit
1)												
2)												
3) 4)												
5)												
6)												
7)												
8)												
9)												
10)												
11)												
12) 13)												
14)												
15)												
Note	(If the space	provided is no	ot sufficient s	eparate shee	et to be a	ittached)						
Section	Section IX –Fidelity Guarantee Insurance											
Sr No	. Name of P	erson/Position	n	Designa	ation	Li	imit of Li	ability	A	ny additi	ona	l information
1)												
2) 3)												
4)												
5)												
Section	n X –Public Li	ability (Non –	Industrial)									
	Any one Accident Limit Rs.				Any one Year Limit Rs							

Premium Summary						
Total Premium Rs	Sectional Discount					
Premium After Discount	Service Tax Rs					
Total Amount Rs						

Past Loss Record								
Date of Loss	Incident & Cause	Loss Amount	Improvement Made after the Loss					

## 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 in the standard form of and , 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.

Date : Signature of Proposer

Amount of Cheque: Cheque No.:

Cheque Date : Place :

## SECTION 41 OF INSURANCE ACT, 1938

- 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 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.
- 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.
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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