

**PROPOSAL & QUESTIONNAIRE FOR -
ADVANCE LOSS OF PROFITS INSURANCE POLICY**

Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra.
Tel. : 022-41659800 / 900, Email : contactus@universalsompo.com

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

Information given herein will be treated in strict Confidence.

Intermediary Name, Contact No, Code & Email Id	
Intermediary Sales Person's Name, Contact No & Code	
Source Code / POS UID Aadhar No./PAN	
Policy Issuing Office Address & Code	

1) Name of Proposer (Principal to be insured)	
2) Address of Proposer (Principal to be insured)	
Contact No. & Email Id	
Address Proof	Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>
CKYC No	

I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.

Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with _____ Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>
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Are you a Politically Exposed Person? Yes No
(Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")

3) Brief Description of Construction/Erection Works to be carried out	
4) Any existing plant or surrounding property in proposer's possession or care, custody or control on the above site or adjacent to it	(Please attach site layout plan)
5) The project is	a). The extension or renovation of existing works <input type="checkbox"/> b). A new venture <input type="checkbox"/>
6) Can loss or damage to existing structures/ plants and/ or surrounding property, which was caused by the erection/ construction work, cause a delay in the completion of the project to be insured ?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify -
7) Can loss or damage to existing structures/ plants and/ or surrounding property, which was caused by the erection/ construction work, lead to loss of profits, and is this to be insured ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Brief Description of : - The intended business or service activities making special mention of bottlenecks (Please attach flow sheet)	
9) Has the method of production or services been employed by the proposer previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Intended normal working hours.	Per Day _____ Hours _____ In shifts Per Week _____ Hours Per Year _____ Hours
11) Anticipated Gross Profit (annual turnover less costs of supplies of goods, raw materials, electricity, water, gas etc.) for the first year of operation (monthly figures)	
12) If indemnity period required is longer than 12 months -	Indemnity period required _____ Gross profit of required period _____
13) In the event that a specific date of completion is not met	Is any one loss likely to arise ? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please specify. Date Amount Reasons
14) Are the seasonal events likely to affect the gross profit ?	
15) Desired time excess (minimum one week, per 6 months of construction period)	
16) Maximum Indemnity period required to be insured	
17) Is the additional expenditure caused by using external power supply to the insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18) Power requirements of the plant (KW, KWH, PA)	
19) Percentage of the requirements met by the plant's own power generation equipments.	

Question 19 is only in respect of power generation equipments at the project to be insured supplying power to this project and is only to be answered if electricity can be drawn from the public power network in the event of damage to the power generation equipment at the project to be insured.

20)	Costs of KWH own plant, external of power drawn from	
21)	To what extent may electricity be drawn from an external source?	
22)	What is the maximum demand charge per KW and with in what period it is due? (Please attach a copy of contract)	
23)	Annual maximum demand charges	
24)	Date of inception of EAR/ CAR cover	
25)	Date of commencement of works	
26)	Testing period if any	From _____ to _____
27)	Anticipated date of completion (handover following a possible testing period.)	
28)	Schedule date of commencement of insured business.	
29)	At which date after completion of the project (and a possible testing period) is full production to be reached?	
30)	Is it possible to reduce that period?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, by which means?
31)	What allowance exists for delays due to accidents or otherwise?	
Please attach time schedule giving the phasing of the work(date of arrival on site, site installation, main work, erection, testing and commissioning, handover) regarding all plant sections, and major items, please also attach bar chart for various activities.		
32)	Details of any penalty agreements in connection with the contract works.	
33)	Any add on cover required? Please specify with limits of indemnity required & scope of cover desired.	
34)	Remarks.	

Premium & Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card	
Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd)	
Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Debit / Credit Card No:	Expiry Date:
Fund Transfer/Wallet : _____ Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :
Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.	

AML Declaration:

<p>AML Guidelines:</p> <p>1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.</p> <p>2.I understand that the company has the right to call for documents to establish the sources of funds.</p> <p>3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes directly or indirectly governing the prevention of money laundering in India.</p> <p>4.Nationality: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/></p> <p>If Non-Indian, please specify the country _____</p>
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Declaration

<p>1. I/We desire to insure with Universal Sampo General Insurance Company Limited in respect of the vehicle as described in this proposal form and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.</p> <p>2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.</p> <p>3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sampo General Insurance Company Limited.</p> <p>4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.</p> <p>5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sampo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.</p> <p>6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".</p> <p>7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsampo.com).</p> <p>8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".</p> <p>9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.</p> <p>10. I hereby authorize the Company to provide me an Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.</p> <p>11. I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers for the purpose of proposal acceptance, underwriting and issuance of policy thereafter and accordingly I/We authorize the Company to do the same for the purpose of underwriting, policy issuance and servicing of the policy.</p> <p>12. I/We hereby provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter and Rules/Regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my policies held with the Company.</p> <p>13. I/ We have read and understood the privacy Policy of our Company at www.universalsampo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time</p> <p>Place: _____ Date: _____</p> <p style="text-align: right;">Signature of Proposer</p>

CKYC Declarations

1.I hereby give consent to Universal Sampo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place:

Date:

Signature of Proposer

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 Sampo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
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