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.

Inte	ermediary Name, Contact No, Code & Email Id				
Inte	ermediary Sales Person's Name, Contact No & Code				
Soi	urce Code / POS UID Aadhar No./PAN				
POI	licy 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 □ Driving License □ Passport □ Voter ID □ Others □		
	CKYC No				
			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		vy CAMS NSDL CSDL		
Are	e you a Politically Exposed Person? Yes No	- itai	,, <u> </u>		
		peen entrusted	with prominent public functions, domestically/in an international		
			ave or have had positions of Heads of State or of government, senior		
			tives of state owned corporations, important political party officials".		
	ose relations of PEP: Family members are individuals v vil) forms of partnership. Close associates are individual		to a PEP either directly (consanguinity) or through marriage or similar ected to a PEP either socially or professionally")		
			colour to a 1 Ely citilet socially of professionally y		
3)	Brief Description of Construction/Erection Works to be	oe carried out			
4)	Any existing plant or surrounding property in propose	or's possossion			
4)	or care, custody or control on the above site or adjace		(Please attach site layout plan)		
5)	The project is	crit to it	a). The extension or renovation of existing works		
ا (۲	The project is		b). A new venture		
6)	Can loss or damage to existing structures/ plants and	/ or	Yes No If yes, please specify -		
	surrounding property, which was caused by the erect		yes, prease speen,y		
	construction work, cause a delay in the completion o	ŀ			
	to be insured ?	, ,			
7)	Can loss or damage to existing structures/ plants and	/ or	Yes No		
	surrounding property, which was caused by the erect	1			
	construction work, lead to loss of profits, and is this t	to be insured?			
8)	Brief Description of : -				
	The intended business or service activities making sp	ecial mention			
	of bottlenecks (Please attach flow sheet)				
9)	Has the method of production or services been emplo	oyed by the	Yes No		
	proposer previously?				
10)	Intended normal working hours.		Per DayHoursIn shifts		
			Per WeekHours		
			Per YearHours		
11)	,				
	goods, raw materials, electricity, water, gas etc.) for t	the first year of			
4.21	operation (monthly figures)		Indemnity period required		
12)	If indemnity period required is longer than 12 month	1S -	indentificty 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 No If so, please specify.		
			,, ,		
			Date Amount		
			Reasons		
14)	Are the seasonal events likely to affect the gross prof	it ?			
15)	Desired time excess (minimum one week, per 6 mont	hs of			
	construction period)				
	Maximum Indemnity period required to be insured				
L7)	Is the additional expenditure caused by using externa	al power	Yes No No		
	supply to the insured?				
	Power requirements of the plant (KW. KWH, PA)				
19)	Percentage of the requirements met by the plant's or	wn power			
-	generation equipments.				
			e project to be insured supplying power to this project and is only to be in the event of damage to the power generation equipment at the		
	project to be insured.	power network	in the event of damage to the power generation equipment at the		
	programme and a comment with the comment of the com				

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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			
_	Date of inception of EAR/ CAR cover			
25)				
-	Testing period if any	Fro	omto	
-	Anticipated date of completion (handover following a possible			_
,	testing period.)			
201	Schedule date of commencement of insured business.			_
29)				
23)	testing period) is full production to be reached?			
20)		\ \ \ \ \	I su	
30)	Is it possible to reduce that period?	Yes	No 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			
	commissioning, handover) regarding all plant sections, and major it	ems, plea	se 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.			
Pr	emium & Bank Details:			
_	yment Option : Cheque Demand Draft Fund Transfer Pay Order	· Debit	t Card Credit Card	
Pr	emium Amount Rs. Amount (In Words):			
Fo	r Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Co	mpany Ltd)		
	Name of the Account Holder:		Instrument Amount (Rs) :	
	Instrument No.:		Bank A/C No.:	
	Instrument Date: IFSC Code :		Bank Name and Branch: UPI Id :	
	Type of Account : Saving	1	OPI Id :	
	Debit / Credit Card No:		Expiry Date:	
-11			LADILY DUIC.	
	Fund Transfer/Wallet : Name of Bank/Wallet		Transaction No.	
	PAN Number :	· · · · · · · · · · · · · · · · · · ·	Transaction No. TAN Number :	_
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UIN: IRDAN134CP0001V01201011

CKYC Declarations

1.I hereby give consent to Universal Sompo 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 $kind\ or\ risk\ relating\ to\ lives\ or\ property\ in\ India,\ any\ rebate\ of\ the\ whole\ or\ part\ of\ the\ commission\ payable\ or\ any\ rebate\ of\ the\ premium\ shown\ on\ the\ policy,\ nor\ shall\ any\ rebate\ of\ the\ premium\ shown\ on\ the\ policy,\ nor\ shall\ s$ 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.

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

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