

PROPOSAL FORM - ALL RISK PROPERTY INSURANCE

Registered and Corporate Office : 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City,
Off Western Express Highway, Goregaon East, Mumbai 400063. Email : contactus@universalsampo.com

IMPORTANT :

- 1) These are the minimum requirements to be furnished by You. We may seek any other information as desired for underwriting purposes.
- 2) Please tick the boxes wherever applicable. Please fill in CAPITALS.
- 3) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
- 4) All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.
- 5) All fields are mandatory.

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

PROPOSER'S DETAILS (To be filled in BLOCK LETTERS)

Name of Insured	
Address	
Telephone No. (Landline No.) /Mobile No.	
Email	
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	
<input type="checkbox"/> 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"/>	
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (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")	
GST No	
Policy Period	

LOCATION OF THE RISK

Flat/Building		Road/Sector/Street	
Area		Taluka/Village/District/City	
Pincode		State	
Country			

SECTION I- RISK DETAILS – MATERIAL DAMAGE

1	Does any location proposed for insurance has basement occupancy? If yes, what is stored inside and approximate value out of total SI?	
2	Age of the Building/s	
3	Is the building part of Industrial Area/Non Industrial Area or Commercial Complex?	
4	What are the surrounding occupancies and their distance from the facility?	
5	Any other occupancy in same building belonging to Insured or others	
6	Approximate distance from the nearest water body (River, Lake, Canal, Sea, nala etc.)	
7	What are the Fire Protection Systems installed at the Facility? (Extinguishers, Hydrants, Sprinkler, Hose Reel etc.)	
8	How far is the nearest Public Fire Brigade and what is the response time?	
9	What are the security arrangements? Is the premises/building/s covered by 24 hours by security arrangement/personnel	
10	Type of Construction (Pucca/ Kutcha)	
11	Voluntary Higher Deductible opted	

Below are the Optional covers that can be opted for:

S.no.	I - MATERIAL DAMAGE	Opted
1.	Minor Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Margin Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Brands & Trademarks Clause/ Brands & Labels Clause (Also Loss Of Damaged Goods)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Civil Authorities Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Expense for loss minimization	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Floater Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Floater Declaration Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Immediate Repair Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Insurance Of Additional Expenses Of Rent For An Alternative Accommodation (Tenant Or Owner - Occupant)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Leakage and Contamination Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Local Authorities Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Loss of Rent Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Modification Cost/Incompatibility Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Non Vitiating Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Obsolete Parts Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Omission To Insure Additions Or Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Reinstatement Value Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Removal of Debris (in excess of 1% of the claim amount)	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Shut Down-Start Up clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	Spoilage Material Damage Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
21.	Spontaneous Combustion	Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Start Up Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	Temporary Removal (Stocks Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
24.	Tenants Liability (Insured To Landlord And Other Tenants)	Yes <input type="checkbox"/> No <input type="checkbox"/>
25.	Computer Records Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
26.	Tenant's Improvements Clause / Tenants Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
27.	Unpacking Expense Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
28.	Expediting Costs Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
29.	Protection And Preservation Of Property Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
30.	Valuable Papers & records / Cost of Re writing records clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
31.	Leak Search and Finding Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
32.	Inhibition Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
33.	Workmen's Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
34.	Hire Purchase Or Lease Agreements / Interest of Other Parties	Yes <input type="checkbox"/> No <input type="checkbox"/>
35.	Expiration Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
36.	Master Key Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
37.	Deterioration of Stocks in cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	Yes <input type="checkbox"/> No <input type="checkbox"/>
38.	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery (ies) in the Insured's premises due to operation of insured peril.	Yes <input type="checkbox"/> No <input type="checkbox"/>
39.	Agreed Bank Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
40.	Architects, Surveyors and Consulting Engineers Fee (in excess of 3% of the claims amount)	Yes <input type="checkbox"/> No <input type="checkbox"/>
41.	Designation Of Property Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
42.	Earthquake (Fire & Shock) When Storm, Tempest, Flood, Inundations Perils Are Covered	Yes <input type="checkbox"/> No <input type="checkbox"/>
43.	Escalation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
44.	Temporary Removal (Excluding Stocks) Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
45.	Catalysts and Consumable Interests In Process	Yes <input type="checkbox"/> No <input type="checkbox"/>
46.	Capital Additions	Yes <input type="checkbox"/> No <input type="checkbox"/>
47.	Appraisal Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
48.	Contract Price Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
49.	Contracting Purchaser's Interest	Yes <input type="checkbox"/> No <input type="checkbox"/>
50.	Cost Of Clearing Drains Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
51.	Breakage of Fixed Glass and Outdoor Signs	Yes <input type="checkbox"/> No <input type="checkbox"/>
52.	Declaration Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
53.	Electrical Clause/ Electrical Installation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
54.	Forest Fire	Yes <input type="checkbox"/> No <input type="checkbox"/>
55.	On Account Payment Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
56.	Sue And Labor Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
57.	Claim Preparation Cost (Excluding appointment of experts)	Yes <input type="checkbox"/> No <input type="checkbox"/>
58.	Pairs And Sets Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
59.	Deferred Payment clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
60.	Misdescription Clause / Errors & Omissions Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
61.	Control of Damaged Property Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
62.	Automatic Extension Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
63.	Terrorism Damage Cover Endorsement - Material Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
64.	Property outside the insured premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
65.	Property in course of erection and/or demolition	Yes <input type="checkbox"/> No <input type="checkbox"/>
66.	Property in the open	Yes <input type="checkbox"/> No <input type="checkbox"/>
67.	Underinsurance Clause (over and above policy in-built limit)	Yes <input type="checkbox"/> No <input type="checkbox"/>
68.	Personal effects	Yes <input type="checkbox"/> No <input type="checkbox"/>

69.	Special expenses after damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
70.	Automatic reinstatement of Sum Insured following Loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
71.	Fire-fighting Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
72.	Increase in sums insured	Yes <input type="checkbox"/> No <input type="checkbox"/>
73.	Cooling gas	Yes <input type="checkbox"/> No <input type="checkbox"/>
74.	Preventative expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
75.	Non-invalidation	Yes <input type="checkbox"/> No <input type="checkbox"/>
76.	Inadvertent Omission	Yes <input type="checkbox"/> No <input type="checkbox"/>
77.	New Acquisitions / Merger and acquisition	Yes <input type="checkbox"/> No <input type="checkbox"/>
78.	Automatic cover for new Location	Yes <input type="checkbox"/> No <input type="checkbox"/>
79.	Deliberate Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
80.	Trace and Access	Yes <input type="checkbox"/> No <input type="checkbox"/>
81.	Sprinkler Up-gradation Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
82.	Vehicle Load Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
83.	Property not on the Insured premises/Offsite premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
84.	Property Testing & Commissioning Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
85.	Property in transit	Yes <input type="checkbox"/> No <input type="checkbox"/>
86.	Water Damage Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
87.	Smoke Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
88.	Accidental Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
89.	Archives	Yes <input type="checkbox"/> No <input type="checkbox"/>
90.	Involuntary Betterment	Yes <input type="checkbox"/> No <input type="checkbox"/>
91.	Customer's Goods Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
92.	Exhibition, Exposition, Fair or Trade Show	Yes <input type="checkbox"/> No <input type="checkbox"/>
93.	Fine Art/Works of Art	Yes <input type="checkbox"/> No <input type="checkbox"/>
94.	Vessel impact to jetty	Yes <input type="checkbox"/> No <input type="checkbox"/>
95.	Change in Temperature or Humidity and Accidental Interruption of or Interference with Power, Heat, Air Conditioning or Refrigeration	Yes <input type="checkbox"/> No <input type="checkbox"/>
96.	Machinery or Equipment Start-up Option	Yes <input type="checkbox"/> No <input type="checkbox"/>
97.	Off Premises Storage for Property Under Construction	Yes <input type="checkbox"/> No <input type="checkbox"/>
98.	Demurrage Charges	Yes <input type="checkbox"/> No <input type="checkbox"/>
99.	Additional Rent Data Processing and Ancillary Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
100.	Public Relations Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
101.	Bankruptcy Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
102.	Fines, Penalties and Damages	Yes <input type="checkbox"/> No <input type="checkbox"/>
103.	Public Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
104.	Temporary repairs	Yes <input type="checkbox"/> No <input type="checkbox"/>
105.	Property, which is not owned by the insured	Yes <input type="checkbox"/> No <input type="checkbox"/>
106.	Service interruption Property Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
107.	Un-occupancy Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
108.	Consequential Reduction in Value	Yes <input type="checkbox"/> No <input type="checkbox"/>
109.	Statutory Duties	Yes <input type="checkbox"/> No <input type="checkbox"/>
110.	Additional Increased Cost of Working	Yes <input type="checkbox"/> No <input type="checkbox"/>
111.	Accounts Receivable	Yes <input type="checkbox"/> No <input type="checkbox"/>
112.	Lawns, Plants, Shrubs or Trees	Yes <input type="checkbox"/> No <input type="checkbox"/>
113.	Coinsurance Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
114.	Metered Water	Yes <input type="checkbox"/> No <input type="checkbox"/>
115.	Molten Metal Spillage Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
116.	Soft Costs	Yes <input type="checkbox"/> No <input type="checkbox"/>
117.	Waiver of Subrogation	Yes <input type="checkbox"/> No <input type="checkbox"/>
118.	Lay Off and Retrenchment Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>
119.	Malicious Damage Including Acts Caused By Own Employees	Yes <input type="checkbox"/> No <input type="checkbox"/>
120.	Tenants' Fire Legal Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
121.	Appraisal Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
122.	Unrepaired Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
123.	Coinsurance Deficiency	Yes <input type="checkbox"/> No <input type="checkbox"/>
124.	Deferred Payments	Yes <input type="checkbox"/> No <input type="checkbox"/>
125.	Exploratory Costs	Yes <input type="checkbox"/> No <input type="checkbox"/>
126.	Repeat Tests	Yes <input type="checkbox"/> No <input type="checkbox"/>
127.	Tenants' Improvements	Yes <input type="checkbox"/> No <input type="checkbox"/>
128.	Outbuilding Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
129.	Professional Accountants	Yes <input type="checkbox"/> No <input type="checkbox"/>
130.	All Other Contents Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
131.	Extra Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
132.	Destruction Costs Cover/Undamaged property cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
133.	Loss Of Rent Due To Damage Of Tank, Godowns, Gas Holders, Bullets Etc	Yes <input type="checkbox"/> No <input type="checkbox"/>
134.	Undamaged Stock And Loss On Re-Sale	Yes <input type="checkbox"/> No <input type="checkbox"/>
135.	Capital Equipment For Floater Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
136.	Damage To Leased Buildings And Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
137.	Broad Water Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
138.	Accidental Discharge Of Gas Flooding Systems	Yes <input type="checkbox"/> No <input type="checkbox"/>
139.	Goods Held in Trust	Yes <input type="checkbox"/> No <input type="checkbox"/>

140.	Fees, Contributions And Imposts	Yes <input type="checkbox"/> No <input type="checkbox"/>
141.	Special Warranties regarding Coal Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/>
142.	72 hour clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
143.	Pig Retrieval	Yes <input type="checkbox"/> No <input type="checkbox"/>
144.	Repair Of Minor Damages	Yes <input type="checkbox"/> No <input type="checkbox"/>
145.	Landscaping	Yes <input type="checkbox"/> No <input type="checkbox"/>
146.	CONDOMINIUM BROAD COVERAGE	Yes <input type="checkbox"/> No <input type="checkbox"/>
147.	DE3 Limited Defective Conditions Exclusion	Yes <input type="checkbox"/> No <input type="checkbox"/>
148.	DELAY IN OPENING CLAUSE ((Applicable for assets which were covered for the transit portion under marine policies with Universal Sompo General Insurance Company Limited	Yes <input type="checkbox"/> No <input type="checkbox"/>
149.	MOULD AND FUNGI COVER	Yes <input type="checkbox"/> No <input type="checkbox"/>
150.	Fusion Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
151.	Property At Contractors' And Subcontractors' Premises Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
152.	Salvage	Yes <input type="checkbox"/> No <input type="checkbox"/>
153.	IMPACT DAMAGE DUE TO INSURED'S OWN RAIL/ROAD VEHICLES, FORK LIFTS, CRANES, STACKERS AND THE LIKE AND ARTICLES DROPPED THERE FROM.	Yes <input type="checkbox"/> No <input type="checkbox"/>
154.	Damage to Boilers, Economizers, Turbines or other vessels machinery or apparatus	Yes <input type="checkbox"/> No <input type="checkbox"/>
155.	Damages to Underground Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
156.	Industries, Seepage, Pollution And Contamination Clause/Decontamination and Cost of Clean Up	Yes <input type="checkbox"/> No <input type="checkbox"/>
157.	Outage Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
158.	Heating And Power Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
159.	Aggravation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
160.	Undamaged Foundations/Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>
161.	Currency Devaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>
162.	No Control Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
163.	Currency Conversion	Yes <input type="checkbox"/> No <input type="checkbox"/>
164.	Currency Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
165.	Tenants/ Tenants And Concessionaires Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
166.	Joint Excess Loss Committee Information Technology Hazards Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
167.	Loss Of Keys/Changing Locks	Yes <input type="checkbox"/> No <input type="checkbox"/>
168.	Fraud And Forfeiture Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
169.	Undamaged Ancillary And / Peripheral Equipment Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
170.	Power Banking Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
171.	Dissimilar Property	Yes <input type="checkbox"/> No <input type="checkbox"/>
172.	Interruption By Civil Authority Extension	Yes <input type="checkbox"/> No <input type="checkbox"/>
173.	Machinery And Plant Undamaged Parts	Yes <input type="checkbox"/> No <input type="checkbox"/>
174.	SPARE ROTOR WARRANTY	Yes <input type="checkbox"/> No <input type="checkbox"/>
175.	PUBLIC AUTHORITY	Yes <input type="checkbox"/> No <input type="checkbox"/>
176.	Innocent Non Disclosure / Breach Of Policy Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
177.	Alternative Trading Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
178.	Coinsurance Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
179.	Divisible Control	Yes <input type="checkbox"/> No <input type="checkbox"/>
180.	Loss Minimization Expenses/Protection and Preservation Of Property Clause/ Inhibition Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
181.	Primary and Non-contributory Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
182.	Additional Interests Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
183.	OEM Parts Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
184.	Green Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
185.	Properties under Consignment, Care, Custody and Control – Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
186.	Notice of loss Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
187.	Loss Payee Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
188.	Dewatering expenses Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
189.	Waiver of Contribution Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
190.	Internal Decoration Fixtures and Fittings	Yes <input type="checkbox"/> No <input type="checkbox"/>
191.	Minimum Demand Charges	Yes <input type="checkbox"/> No <input type="checkbox"/>
192.	Interdependency Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
193.	Recoveries	Yes <input type="checkbox"/> No <input type="checkbox"/>
194.	50 : 50 Clause (Applicable for assets which were covered for the transit portion under marine policies of Universal Sompo and other Marine policies carrying 50 :50 clause)	Yes <input type="checkbox"/> No <input type="checkbox"/>
195.	Resilient Repair Coverage Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION II - RISK DETAILS – BUSINESS INTERRUPTION

1.	Year of incorporation of insured's firm/company	
2.	Chartered Accountant (Name and Address) and audits conducted of the insured's accounts and at what interval?	
3.	What type of repair work can be carried out without external help?	
4.	Please indicate external repair/ procurement facilities available in India	

5.	Normal working hours of insured	
	a.Hours per day	
	b.No. of shifts	
	c.days of Week	
6.	Number of employees to be insured?	
7.	Are there any seasonal production or sales fluctuations more than 20%, in the works to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Is there a stock of semi-finished or finished products? If Yes, state the no. of weeks of supply this stock can cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	State Indemnity Period desired (Months)	
10.	State the time deductible desired (Days)	
11.	Sum Insured	
	a.On Net Profit	
	b.No. of shifts	
	c.On Increased Cost of Working	
12.	Index of Business Activity	Turnover <input type="checkbox"/> Output <input type="checkbox"/> Throughput <input type="checkbox"/> Revenue <input type="checkbox"/> Difference Basis <input type="checkbox"/>
13.	Details of Previous Interruption	
	a.Period of Interruption	
	b.Reason for Interruption	
	c.Nature of interruption with causes	
	d.Loss in Gross Profit /Turnover during the Interruption	
14.	Extensions opted:	Professional accountants _____ Customers, suppliers extension _____ Utilities extension _____ Additional increase in cost of working _____ Others – Pls specify _____
15.	Details of other insurance Have you previously been insured? If YES, Please state with whom, risks covered, and for what amount and please attach copy of the policy. Have any other insurer ever cancelled or refused to issue or refused to continue any previous insurance policy for you?	
16.	Important Notice:- Are there any other circumstances/information within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? If YES, please specify:	

Below are the Optional covers that can be opted for:

S. no.	II - BUSINESS INTERRUPTION	Opted
1.	Departmental Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Accumulated Stock Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Customers, Suppliers And Utilities Extension	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Solicitors' and Professional Mens' Fees	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Prevention of Access	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Accountants Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Loss Settlement	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Additional sum insured	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Temporary Structures, Plant and Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Deductible in the Property section	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Mutual services	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Adjustment of specified working expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Expenses for preparation of a claim	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Impounded Water	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Protection and Preservation of Property Business Interruption	Yes <input type="checkbox"/> No <input type="checkbox"/>

16.	Additional Carrying or Lifting Equipment hiring charges	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Group Interdependency	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Royalty	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Delay Indemnity Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	Contingent Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
21.	Research and development	Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Uninsured Standing Charges Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	Additional Costs	Yes <input type="checkbox"/> No <input type="checkbox"/>
24.	20% Plus Provisional Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
25.	Hindrance Of Access/Ingress/Egress Clause/ Port Blockage	Yes <input type="checkbox"/> No <input type="checkbox"/>
26.	Crisis Management	Yes <input type="checkbox"/> No <input type="checkbox"/>
27.	Spare Parts	Yes <input type="checkbox"/> No <input type="checkbox"/>
28.	Auditor's Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
29.	100% Payroll Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
30.	Alternative Basis Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
31.	Tax treatment of Profits	Yes <input type="checkbox"/> No <input type="checkbox"/>
32.	New Business Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
33.	Terrorism Damage Cover Endorsement - Material Damage and Loss of Profit	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION III- BREAKDOWN OF ELECTRICAL AND MECHANICAL APPLIANCES

1.	Has your machinery sustained any damage from breakdown or other cause during last three years	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are regular periodical inspections of the machinery carried out if so, by whom and at what intervals.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Schedule of machinery to be insured- a) Each machinery should be entered separately with necessary specification. b) The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc to afford full protection under the policy c) Please declare only installed machines not portable ones. d) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required for them.	

S No	Quantity	Descriptions, type, model, capacity of machines/ sr nos, HO/ KVA/ Volts, Amps, Rpm	Maker's Name and country of origin	Year of Make	Sum Insured (Rs.)

Below are the Optional covers that can be opted for:

Sr no	III - BREAKDOWN OF ELECTRICAL AND MECHANICAL APPLIANCE (Machinery Breakdown)	Opted
1.	Escalation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Express Freight	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Air Freight	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Owners Surrounding Property	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Third Party Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Additional Customs Duty	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Un repaired Damages	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Waiver of improvement/betterment clause for replacement of selected machinery	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Agreed Bank Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Un repairable equipment clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Alternate Working	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Stand-by Machinery	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Insurance of ropes in lifts, cranes and ropeways	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Reduction gear box	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Patterns and core-boxes	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Dg set endorsement for 'loss minimisation'	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Furnace Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Overhaul of platen presses	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Refractory materials in boilers	Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	Capital additions	Yes <input type="checkbox"/> No <input type="checkbox"/>
21.	Basis of indemnity	Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Claim Preparation Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION IV BUSINESS INTERRUPTION (FOLLOWING MACHINERY BREAKDOWN)

S No	Particulars	Remarks
1.	Are all your Machineries subject to periodical inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state by whom and at what intervals inspections are carried out. Supply details of your maintenance Schedule. _____
2.	In the event of stoppage of any of the machines proposed for insurance –	
	a.Can machines, which remain in operation, carry the load originally borne by the machine, which has failed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b.Are there any alternative means of maintaining production by –	
	i.the work being done at other premises ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	ii.hiring temporarily suitable replacement machine	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, to what extent) _____
	iii.by any other means	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	State repair facilities available in regard to machinery proposed for insurance	
	a.In your own premises	
	b.Any other nearest place (Kindly specify)	
4.	Which machines proposed under this insurance are the machines for which the spare parts would need to be imported	
5.	What are your normal working hours?	
6.	Can extra shifts be worked to make up production loss?	

Below are the Optional covers that can be opted for:

S no	IV - Business Interruption (following Machinery Breakdown)	Opted
1.	Agreed bank clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Prolongation of interruption period due to deterioration	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Increased cost of electricity, water, gas or steam supply	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Maximum demand charges	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Additional expenditure other than increase in cost of working	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Failure of public power, water, gas or steam supply	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Delay in repair	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Indemnity period limits exceeding 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Proportional time excess	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Sum insured on unit price basis	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Failure of non public power supply	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Departmental clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

SUM INSURED – SECTION WISE
SECTION I: MATERIAL DAMAGES

S.N.	LOCATION/ PREMISES	BUSINESS	SUM INSURED

S No.	Subject Matter of Insurance	Sum Insured in Rs.	Block No.		Description of Risk	Locations	Class of Construction
			Main	Communicating if any			
1.	Building						
2.	Plant and Machinery (including Stores & Tools)						
3.	Furniture Fixtures & Fittings etc						
4.	Piping						
5.	Cabling						
6.	Stocks and Stocks in Process						
7.	Stocks in Godown						
8.	Material in Open / One Tank Farm						
	Total Sum Insured						

NOTE : Detailed Schedule of the Property proposed for Insurance for each location/premises be submitted in the format as given in Annexure A

SECTION II: BUSINESS INTERRUPTION

Gross Profit	INR_____
Standing Charges	INR_____
Indemnity Period	_____Months

SECTION III: BREAKDOWN OF ELECTRICAL AND MECHANICAL APPLIANCE (Machinery Breakdown)

Plant and Machinery	INR_____
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NOTE : Machinery details to be shared if insured selects this section. If machinery details are not given, sum insured for all machines will be considered as total Sum Insured.

SECTION IV: BUSINESS INTERRUPTION (following Machinery Breakdown)

Gross Profit	INR_____
Standing Charges	INR_____
Indemnity Period	_____Months

PREMIUM DATA and CLAIMS DATA

Please furnish details of Sum Insured, Premium paid and Claims data for the past 3 years (Annexure B).

Premium Payment and 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 <input type="checkbox"/> Cash	
Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Sompo 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"/>	
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.

BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE	
Name of Account holder	
Bank Name & Branch:	
Bank Account Number	
IFSC Code	

☐ **AML Declaration:**

- 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 and its subsequent amendments.
- 2.I understand that the company has the right to call for documents to establish the sources of funds.
- 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.
- 4.Nationality: Indian ☐ Non-Indian ☐ If Non-Indian, please specify the country_____

☐ **Declaration**

- 1.I/We desire to insure with Universal Sompo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
- 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.
- 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 Sompo General Insurance Company Limited.
- 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.
- 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 Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
- 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".
- 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.universalsompo.com).
- 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".
- 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.
- 10.**Go Green** - We would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form.
☐ By choosing this option, You wish to avail Physical Policy Copy.
11. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time
- 12.I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.
13. ☐ I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.
I hereby consent to and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place:

Date:

Signature of Proposer

Disability Declaration

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:

Signature of Representative:

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 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, Thane Belapur Road, Airoli, Navi Mumbai - 400708. Toll Free No : 1800 200 4030 / 1800 22 4030

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.

CIN: U66010MH2007PLC166770

Annexure A
ALL RISK PROPERTY INSURANCE

Universal Sompo General Insurance Company

Location of the Risk:

Pin Code -----

S.N.	Risk location address	Description of the Risk	Class of Construction	Sum Insured in Rs								
				Building	Machinery	Furniture/ Fixture & Fittings etc.	Piping	Cabling	Stock & Stock in process	Stock in Godown	Material in open / one holders Tank Farms	Total Sum Insured

Annexure B

Previous Year's Sum Insured, Premium & Claim's Data

Year	Sum insured (MD +BI)	Premium	Claims