

**PROPOSAL FORM -
BOILER AND PRESSURE PLANT 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 / 69639900, Email : contactus@universalsompo.com

Important: (The property proposed for insurance is not covered until the proposal is accepted and premium paid)

These are the minimum requirements to be furnished by You. We may seek any other information as desired for underwriting purposes.

1) Please tick the boxes wherever applicable. Please fill in CAPITALS. 2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. 3) 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.

4) All Fields are Mandatory

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	

Basic Information

1)	Name of the Proposer	
2)	Address of the proposer	
3)	Phone Number	
4)	Email id	
5)	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"/>
6)	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.

7)	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")

8)	Paid up capital of the firm	
9)	Name of the Insured (Policy to be issued in favor of)	
10)	Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions.	
11)	Location details (Complete Address) of the risk to be insured.	
12)	District in which the risk is located	
13)	State in which the risk is located	
14)	Pin code of the location of risk	
15)	Risk Occupancy	
16)	Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium to us	
17)	Period of Insurance: End date (dd/mm/yyyy) Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.	

18) Boiler and Pressure plant

S. No.	Location	Description – Maker's Name, Maker's No., Capacity	Registration Number	Year of Make	Sum Insured

Add-ons/Clauses opted for:

ADD ON/CLAUSES	

Kindly provide an annexure if the proposer is unable to mention all the selected add-ons/ clauses

19) a) In case of Boiler, state if it is Water tube type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If yes, what is the evaporative capacity per hour	
20) State how Boiler is fired, e.g. Oil, Gas Coal or Pulverized fuel.	
21) Do you wish to include the main steam piping within 100 meters radius of the Boiler?	<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Give particulars of any defects in the Boiler & pressure vessel	
23) a) Which items of Plant are subject to periodical inspection?	
b) By whom are they inspected, and at what Intervals?	
c) Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).	
24) a) What is the maximum load on safety valve per square inch?	
b) What is the working pressure?	
25) a) Are the Boiler Attendant solely employed on the Boiler Plant?_	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) What are their qualifications?	
c) What proportion of their time is given to other duties, if not solely employed on the Boiler Plant?	
26) a) Is the Boiler Plant presently insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If so, state name of Insurer, and date policy expires.___	
27) In respect of Boiler Insurance, has any Insurer	
a) Declined any proposal from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Cancelled or refused to renew your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note - Name of Insurer to be stated.	
28) a) Have you ever had an accident to your Boiler Plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If so, give full particulars on separate sheet.	
29) Do you have any other Boiler Plant in use other than that specified in the schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30) Is Boiler under regular and frequent supervision whilst working?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Premium Payments & 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 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"/>	
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:

AML Guidelines:

- 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.
- I understand that the company has the right to call for documents to establish the sources of funds.
- 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.
- Nationality: Indian Non-Indian

If Non-Indian, please specify the country _____

Declaration

- I/We desire to insure with Universal Sompo 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.
- I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
- 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.
- 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.
- 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.
- 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".
- 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).
- 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".
- 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.
- 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.
- 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.
- 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.
- 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

Place: _____
Date: _____

Signature of Proposer

CKYC Declarations

- 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
- 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 Bealpur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

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