

**PROPOSAL FORM -
EVENT CANCELLATION 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@universalsampo.com

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

Important:

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. 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	

Section 1 – Proposer & Event Details

Proposer's Name	
Address of Registered Office (With Pincode)	
Tel. No:	Email Id : Website :
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")	
When was your company established?	
Country of incorporation / registration (if not incorporated/registered in India)	
Turnover in last financial year	

Event Details

a.	Are you the organizer of this / these Event(s)? If not, please specify who will be organizing and their experience in such event organization:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Type of Event(s) planned (will there be a single event or multiple events)? Please provide full details (nature of the Event, time, place & location)	Performance <input type="checkbox"/> Social/Cultural Function <input type="checkbox"/> Exhibition / Other <input type="checkbox"/>
c.	Has such an Event(s) been held before by you or others on your behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Is this Event(s) open to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Is this Event (s) a part of any larger production, promotion, series or tour? If yes please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	To avoid a loss under this insurance, would it be possible to reschedule / relocate or postpone this / these Event(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	.For how long could the start of this / these Event(s) be delayed? Please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>

h.	Have all contractual arrangements necessary for the successful fulfilment of the Event(s) been made and confirmed in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Have all permits, contracts, visas, licenses or the like necessary of the event to be completed successfully been obtained at the time of this application or will they be obtained in good time prior to the start of the Event(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j.	Will the Event(s) be held fully outdoors; Partly indoors & partly outdoors; or partly or wholly in any type of Temporary Structure (including Tents) If Yes, please furnish full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2 – Financial Information

Please attach a budget sheet for Expenses or Gross Revenue or alternatively please complete the budget form below.

Expenses	Amount (INR)	Gross Revenue	Amount (INR)
General Administration		Gate/ticket sales	
Printing, Promotion & Advertising		Programme sales	
Venue Hire		Merchandising	
Facilities & Equipment Rental		Fees	
Communications Costs		Commissions	
Sponsorship		Sponsorship	
Wages, Salaries & Benefits		Advertising	
Insurance (other than current being sought)		Concessions	
Broadcasting / Media rights		Broadcasting / Media rights	
Other items not incl. above (Give details)		Other items not incl. above (Give details)	
TOTAL		TOTAL	

a.	Does any other party have an interest in the expenses & gross revenue for the performance or event? If Yes, please provide full particulars	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Do these sums represent the full extent of your financial responsibilities? If No, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Do you have a Ticket Refund Policy? If Yes, please provide full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Loss Payee (if other than Proposer(s) stated in Item 1 above?) If Yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 – Additional Coverages

a.	Do you require coverage for an Adverse Weather Situation? Please remember to complete item 1i above	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Do you require coverage for the non-appearance of a key performer, speaker, team, player, performing groups, participants, exhibitors or guests or anyone upon whom the successful completion of the Event will depend? If Yes please provide full details	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Do you require Coverage for non-availability of the Venue / site of the Event should any Cancellation, Abandonment, Postponement, Interruption or Relocation result from owing to a major peril operating (i.e. Fire, Lightning, Earthquake, Landslip, Flood and/or Inundation)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

d.	Do you require Coverage for any Cancellation, Abandonment, Postponement, Interruption or Relocation which may result from an act of Terrorism?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Do you require Coverage for any Cancellation, Abandonment, Postponement, Interruption or Relocation which may result from any National or International Government Order imposing Quarantine; Travel Advisories or other restrictions to prevent the spread of a communicable disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 – Loss History

a.	Are you aware of any circumstances, currently existing or threatened, that may possibly result in a Cancellation, Abandonment, Interruption, Relocation or Postponement of the Event(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Do you have a contingency plan in place to prevent or mitigate a potential Cancellation, Abandonment, Interruption, Relocation or Postponement of the Event(s)? If Yes to any of the above, please provide full details,	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Do you have any further material facts to disclose (material facts are those facts which might influence the acceptance or assessment of the proposal)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Has any Event in which the Proposer(s) was / were involved (in managing) had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption or Relocation of the insured Event? If Yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Has the Insured Event(s) (under the present or any other management) had any incident that resulted in Cancellation, Abandonment, Postponement, Interruption or Relocation of the insured Event? If Yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Premium Payment & 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><u>AML Guidelines:</u> 1.I/We hereby confirm that all premiums have/will be paid from bonafide 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. 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 statues, directly or indirectly governing the prevention of money laundering in India. 4.Nationality: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the country_____</p>
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Declaration

1. 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.
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. 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.
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.
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.
13. 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

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, 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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