

**PROPOSAL FORM -
STANDARD FIRE & SPECIAL PERILS POLICY (COMMERCIAL)**



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

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

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")

7) Paid up capital of the firm	
8) Name of the Insured (Policy to be issued in favor of)	
9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions.	

	Location 1	Location 2	Location 3
10) Location details (Complete Address) of the risk to be insured. Note: Fire Insurance is a Location Specific policy-In case of any change in location, the same does not get covered unless informed to the insurer and agreed by the insurer by means of an endorsement to the policy)			
11) District in which the risk is located			
12) State in which the risk is located			
13) Pin code of the location of risk			
14) Risk Occupancy Note: Please describe the activities carried out in the premises. In case the risk is silent, Please clearly state as to from when it is silent and when is expected to re-start its operations. In case of a silent factory, please also state whether the power supply has been cut off or not and whether the risk is free from all storages. In case the risk is a shop, please state the names of major class of goods stored in the shop. In case of Warehouse (Godown), please state the names of major goods stored in the premises. In case of a manufacturing premises, please state the name of raw materials, the process involved and the name of finished goods			

15) 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.	
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16) 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.	
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17) Do you wish to delete any of the following perils from coverage and avail discounts in premium	Please strike off the wrong option
Flood, Storm, Cyclone, Inundation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Riot, Strike & Malicious Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>

18) Sum Insured	Building (Other than plinth & foundation)-please include furniture & fixtures values.	Building (Plinth & Foundation)	Stocks	Others	Please state whether the SI (Other than stocks) represents RIV or MV*	Remarks
Location 1						
Location 1-Materials in open						
Location 1-Materials in Basement						
Location 2						
Location 2-Materials in open						
Location 2-Materials in Basement						
Location 3						
Location 3-Materials in open						
Location 3-Materials in Basement						

Note : Please note that you have an option to insure the Building (Plinth and Foundation) values only against the risk of "Earthquake". If you want to do so, please state it in the remarks column. If no request is made by you, we shall assume that you intend to cover the Building (Plinth and Foundation) against all the perils covered under the fire and special perils policy.

Values given above should include the values of all assets (belonging to you) lying within the premises. This should include such assets as Compound walls/ fence/ entrance gates/etc.

If any machinery/equipment/Stocks are lying in open or in basement, please mention the same as a separate item. Otherwise, these machinery/ equipment/ stocks are not stand covered under the policy.

* The sum insured of all items above (other than those of stock) can be either "RIV (Reinstatement Value)" -that is new replacement value or "MV (market value) – that is new replacement value less depreciation. For stocks, the sum insured should represent the market value.

19) Construction Details	Walls(Brick/RCC/Concrete Blocks/ Stone/AC Sheet/Open Sided)	Roof(RCC/AC Sheet/ Tiles/ Thatched/ Open)	Age of the buildings	Height of the building	Number of storeys
Location 1					
Location 2					
Location 3					

Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks.

20) Additional Perils to be covered	Do you wish to cover the same	Sum Insured	Remarks
Earthquake	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		The sum insured as already described above will be considered. Separate values need not be given here.
Terrorism	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped there from	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Spontaneous Combustion	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		If answer is yes, please name the commodity (ies) to be covered and give the sum insured of the commodity to be covered under the "Sum Insured" column. Name of commodity to be covered for spontaneous combustion:
Spoilage Material Damage cover	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		Please name the block(s) which you want to be covered for Spoilage material damage cover. Under the column of sum insured, please mention the sum insured of all stocks, machinery, equipment and containers in these block(s). Name of the block(s)
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	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		If your answer is yes, please mention the Sum Insured of the stock lying in the cold storage premises under the "Sum Insured" column.
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	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Molten material damage	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Forest Fire	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Leakage and Contamination cover	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		

21) Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage's	Sum Insured	Remarks
Architects, Surveyors and Consulting engineer's fees (In excess of 3 % of claim amount).	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		It needs to be ensured that the sum insured selected shall be less than or equal to 7.5 % of the total sum insured under the policy.
Removal of Debris (in excess of 1 % of the claim amount).	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		It needs to be ensured that the sum insured selected shall be less than or equal to 10 % of the total sum insured under the policy.
Start Up Expenses	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Loss of rent	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Rent for alternative accommodation	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Temporary removal of Stocks	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		The sum insured as already described above will be considered. Separate values need not be given here.
Omission to insure additions/alterations	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		5 % of the sum insured (other than stocks) as already described above will be considered. Separate values need not be given here.
Additional expenses under local authorities clause	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		
Escalation Clause	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		If yes, please state the percentage of escalation opted for (maximum percentage that can be opted for being 25 %). This clause is not applicable for stocks. Percentage Escalation opted for:
Declaration Clause	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		This is applicable only for coverage of stocks (other than stocks in process or for retail stocks).
If your above answer is yes, please mention the block(s) –clearly stating at which location and give separate sum insured for each of the blocks. Please ensure that this sum insured is not appearing in the Stocks sum insured mentioned earlier.			
Block Description	Location	Sum Insured	Remarks
Floater Clause	<input type="checkbox"/> YES/ <input type="checkbox"/> NO		If you choose yes, please mention the block description and location details in the above rows, do not fill the individual sum insured, but fill in the combined sum insured in the "Sum Insured" cell in this row.
22) Premium/losses details for last 60 months	Premium Paid	Losses incurred	
Year		Number of Claims	Amount of Claim
23) Do you wish to opt for Voluntary Deductible?	Yes/No		
If the answer above is yes, Please tick in one of the below mentioned slabs.	Act of God Perils: 5 % of the claim amount subject to a minimum of Rs in lakhs		Other Perils in Rs in lakhs.
Slab 1	10	5	
Slab 2	20	10	
Slab 3	30	15	
Slab 4	60	30	
Slab 5	100	50	
Slab 6	500	100	
Slab 7	1000	500	
Slab 8	2000	1000	
Slab 9	4000	2000	

24) Fire Protection Equipment/ Systems available at the risk	Location 1	Location 2	Location 3
Portable Extinguishers	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Small bore hose reels	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Trailer Pumps/Fire engines	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Hydrant System	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Sprinkler System	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Fixed Water Spray System	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Foam systems	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Fire alarm systems	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Gas flooding systems	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>	<input type="checkbox"/> Yes / No <input type="checkbox"/>

25) How far is the public fire brigade from the insured location	Distance in KM	Is there a railway crossing in between the public fire station and the insured location.
Location 1		<input type="checkbox"/> Yes / No <input type="checkbox"/>
Location 2		<input type="checkbox"/> Yes / No <input type="checkbox"/>
Location 3		<input type="checkbox"/> Yes / No <input type="checkbox"/>
24) Please state the plinth height of the building compared to the ground level	Plinth level in feet	Remarks
Location 1		If there are more than one blocks, please mention the details of the building with the least plinth level.
Location 2		
Location 3		
25) Please state whether the location ground level is lower or higher than the surrounding road level.	Lower/Higher	

Payment 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 : <i>Name of Bank/Wallet</i>	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>

Declaration

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.
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 Sampo 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 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.
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.universalsampo.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.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

Place:

Date:

Signature of Proposer

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

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CIN: U66010MH2007PLC166770