

**PROPOSAL FORM -
COMPREHENSIVE OPERATIONAL LARGE RISK 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

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	

1. Name of the Company	
2. Location of the Risk Flat Building Road/Street/Sector Area Taluka/Village/District/City Pin Code State Country Phone Mobile Email	

Address Proof CKYC No	Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>
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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 CAMS NSDL CSDL

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")

3. Sum Insured – Section Wise*	Location	Business	Sum Insured
Section I: Material Damage 'Break up as per Annexure A'			
Section II: Business Interruption* - FLOP	Gross Profit	Standing Charges	Indemnity Period (Months)

If you wish to cover MLOP, please provide details.

4. Voluntary Deductible proposed	(a) Material Damage Claims - Section I , 5% of the claim amount subject to minimum of - <input type="text"/> 10 lacs <input type="text"/> 15 lacs <input type="text"/> 20 lacs <input type="text"/> 25 lacs <input type="text"/> As per RI terms
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	(b) Business Interruption Claims - Section II- 3 days Gross Profit subject to minimum of Rs.50 lakhs <input type="text"/> 7 days Gross Profit subject to minimum of Rs.25 lakhs <input type="text"/> 14 days Gross Profit subject to minimum of Rs. 20 lakhs <input type="text"/> 21 days Gross Profit subject to minimum of Rs. 15 lakhs <input type="text"/> 28 days Gross Profit subject to minimum of Rs. 10 lakhs <input type="text"/> As per Reinsurance Arrangement <input type="text"/>
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5. Addition coverages for Section I – Material Damage:

Sr. No.	Coverage's & Clauses Required	Do you wish to opt for these coverage's	Sum Insured/ Unit
1	PRESERVATION OF PROPERTY	YES/NO	
2	ARCHITECTS', SURVEYORS' AND CONSULTING ENGINEERS' FEES	YES/NO	
3	DEBRIS REMOVAL	YES/NO	
4	FIRE BRIGADE CHARGES AND EXTINGUISHING EXPENSES	YES/NO	
5	EXTRA AND EXPEDITING EXPENSE	YES/NO	
6	PROPERTY IN TRANSIT	YES/NO	
7	PROPERTY IN COURSE OF CONSTRUCTION	YES/NO	
8	DEMOLITION AND INCREASED COST OF RECONSTRUCTION	YES/NO	
9	SERVICE INTERRUPTION	YES/NO	
10	CLEARANCE OF DRAINS	YES/NO	
11	RECORDS AND INSPECTION	YES/NO	
12	CONSEQUENTIAL REDUCTION IN VALUE	YES/NO	
13	OBSOLETE PARTS/EQUIPMENT	YES/NO	
14	DATA PROCESSING AND ANCILLARY EQUIPMENT	YES/NO	
15	INVOLUNTARY BETTERMENT	YES/NO	
16	SUPPLIER'S OR MANUFACTURER'S GUARANTEE OR WARRANTY	YES/NO	
17	STATUTORY DUTIES	YES/NO	
18	CAPITAL ADDITIONS CLAUSE	YES/NO	
19	VALUES OF EXISTING PROPERTY	YES/NO	
20	LOSS OF BOOK DEBTS	YES/NO	
21	TAX TREATMENT OF PROFITS	YES/NO	
22	TENANT'S AND NEIGHBOUR'S LIABILITY	YES/NO	
23	CHANGE IN TEMPERATURE OR HUMIDITY AND ACCIDENTAL INTERRUPTION OF OR INTERFERENCE WITH POWER, HEAT, AIR CONDITIONING OR REFRIGERATION	YES/NO	
24	DECONTAMINATION AND CLEAN UP EXPENSE	YES/NO	
25	MACHINERY OR EQUIPMENT STARTUP OPTION	YES/NO	
26	OFF PREMISES STORAGE FOR PROPERTY UNDER CONSTRUCTION	YES/NO	
27	PUBLIC LIABILITY	YES/NO	
28	PERSONAL PROPOERTY OF EMPLOYEES, CUSTOMERS/GUESTS/VISITORS ETC.	YES/NO	
29	CONTRACTING PURCHASERS CLAUSE	YES/NO	
30	LIQUID DAMAGE ENDORSEMENT	YES/NO	
31	AUTOMATIC REINSTATEMENT CLAUSE	YES/NO	
32	ESCALATION CLAUSE	YES/NO	
33	INADVERTANT OMISSION	YES/NO	
34	RIOT, STRIKE, MALICIOUS DAMAGE INCLUDING CIVIL COMMOTION	YES/NO	
35	CATALYST, LINING, REFRACTORY AND CONSUMABLES LIMITED COVERAGE CLAUSE	YES/NO	
36	CONTAMINATION AND CO-MINGLING OF STOCK	YES/NO	
37	REPAIR OF MINOR DAMAGE	YES/NO	
38	ORIGINAL EQUIPMETS MANUFACTURERS PART	YES/NO	
39	DEMURAGE CHARGES	YES/NO	
40	LEAKAGE SEARCH COST	YES/NO	
41	TEMPORARY REMOVAL	YES/NO	

6. Addition coverages for Section II – Business Interruption:

Sr. No.	Coverage's & Clauses Required	Do you wish to opt for these coverage's	Sum Insured/ Unit
1	ADDITIONAL INCREASED COST OF WORKING	YES/NO	
2	ADDITIONAL RENT DATA PROCESSING AND ANCILLARY EQUIPMENT	YES/NO	
3	HINDRANCE OF ACCESS	YES/NO	
4	GOVERNMENTAL REGULATIONS	YES/NO	
5	INTERRUPTION BY CIVIL OR MILITARY AUTHORITY	YES/NO	
6	PUBLIC RELATIONS EXPENSES	YES/NO	
7	RESEARCH AND DEVELOPMENT COSTS	YES/NO	
8	ROYALTIES	YES/NO	
9	SUPPLIERS AND CUSTOMERS PREMISES	YES/NO	
10	UTILITIES AND SERVICES	YES/NO	
11	FINES, PENALTIES AND DAMAGES	YES/NO	
12	SPARE PARTS	YES/NO	
13	DATA PROCESSING AND ANCILLARY EQUIPMENT	YES/NO	
14	TAX TREATMENT OF PROFITS	YES/NO	
15	IMPOUNDED WATER	YES/NO	
16	LEASEHOLD INTEREST	YES/NO	
17	LOGISTICS EXTRA COST	YES/NO	
18	ATTRACTION PROPERTY	YES/NO	
19	CRISIS MANAGEMENT	YES/NO	
20	PROTECTION AND PRESERVATION OF PROPERTY BUSINESS INTERRUPTION	YES/NO	
21	SOFT COSTS	YES/NO	
22	ACCUMULATED STOCKS	YES/NO	
23	ALTERNATIVE TRADING CLAUSE	YES/NO	
24	ALTERNATIVE BASIS CLAUSE	YES/NO	
25	AUDITOR'S CLAUSE	YES/NO	
26	DEPARTMENTAL CLAUSE	YES/NO	
27	EXHIBITIONS	YES/NO	
28	INTERDEPENDENCY	YES/NO	
29	ACQUISITIONS	YES/NO	

7. Premium Data	Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure B.
8. Claims Data	Claims Data for each claim be furnished in the format given in Annexure C

Payment Details:

Payment Option : Cheque Demand Draft Fund Transfer Pay Order Debit Card 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:

- 1./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.
- 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 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.

Annexure A
Comprehensive Operational Large Risk Policy

Description		Risk Location - 1	Risk Location - 2	Risk Location - 3
Location Address				
Postal Pin code				
Occupancy				
Class of construction				
Section I- Material Damage Sum Insured	Bldg.			
	Machinery			
	Furniture/ Fixture & Fittings etc.			
	Piping			
	Cabling			
	Stock in Godown			
	Material in open/Gas holders Tank Farma			
Total Sum Insured				
Section II: Business Interruption FLOP Sum Insured	Turnover			
	Gross Profit			
	Standing Charges			
	Indemnity Period (In Months)			
	Other information			
MLOP Sum Insured (If required)	Turnover			
	Gross Profit			
	Standing Charges			
	Indemnity Period (In Months)			
	Other information			

Annexure B : Premium Data

Year	Location/ Premises-	Premium Paid	No. of claims	Total amount paid	Total outstanding

Annexure C : Claims Data Sheet

	Material Damage	Business Interruption
Date of Loss		
Policy Period		
Policy/ Peril		
Cause of Loss		
Sum Insured		
Amount Assessed by Surveyor		
Amount Paid		
Deductible		

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.
CIN: U66010MH2007PLC166770