

**PROPOSAL FORM -
CONSEQUENTIAL LOSS - FIRE INSURANCE POLICY**



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai, Maharashtra, India, 400093
Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.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. 4) All Fields are Mandatory

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| 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 | | | |
| 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 | | | |
| <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. | | | | |
| 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"/> | | |
| 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") | | | | |
| 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 locations to be insured. Note: Fire Loss of Profits Insurance covers the loss of Gross Profit consequent upon a loss under a material damage policy, at any of the locations described alongside, caused by an insured peril. | Location 1 | Location 2 | Location 3 |
| 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) | Fire (Material Damage) Policy number under which each of these locations is covered? If not yet covered, please state whether a proposal for coverage has already been submitted. | | | |
| 16) | Is the Material Damage Fire Policy also covered (proposed to be covered) with Universal Sampo General Insurance Co Ltd? If answer is no, please state the name of the insurance company. | | | |
| 17) | 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 | | | |

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| 18) | 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 | | | | | |
| 19) | 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. | | | | | |
| 20) | Indemnity Period Selected | | Months | | | |
| 21) | Do you wish to cover all perils covered /opted by you for coverage under the fire material damage policy. If not, please state as to which perils you would wish to opt out. Please note that if you would opt out of some perils, you could be eligible for discounts in premium | | Please strike off the wrong option | | | |
| 22) | Financial Details | | | | | |
| | a) How long has the business been established? | | | | | |
| | b) When does your financial year end? | | | | | |
| | c) Who audits your accounts (please give the name of the auditor/auditing firm) Note: Please enclose a copy of the latest available annual report. | | | | | |
| 23) | Sum Insured | Net Profit in Rs (before providing for tax and development rebate). | Standing charges in Rs | Gross Profit in Rs (Net Profit Plus Standing Charges) | Name the standing charges which you would wish to cover.* | Lay off and retrenchment Compensation payable under the Industrial Disputes act 1947 as amended upto date with/without notice wages liability.(in Rs) |
| | Location 1 | | | | | |
| | Location 2 | | | | | |
| | Location 3 | | | | | |
| | Total** | | | | | |
| <p>Note : * In case you wish to cover all your standing charges, please just state "All Standing Charges". If you wish to cover only a few selected standing charges, please mention each of them. However, if you have a net loss (instead of net profit), you will have no option to specify the standing charges, that is, you will have to cover all the standing charges.</p> <p>** If you wish to cover Net Profit and Standing Charges across all locations under a single value, please leave the location wise cells blank. In such case, please fill in the values under the Column-Total. However, if you wish to have separate sum insured's for each of the locations, please state the location wise net profit and standing charges values in the appropriate cells. It may be noted that in either of the above cases, material damage in one location leading to a loss of profits in some other location doesn't stand automatically covered. In case you believe that there is an interdependency between your various locations wherein, a material damage in one location will lead to a loss of profits for some other location, please give details in the below mentioned question.</p> | | | | | | |
| 24) | Interdependency | | | | | |
| | a) Do you have interdependency between various locations? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | b) If the answer to above question is Yes, then, do you wish to cover the interdependency by payment of additional premium. | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 25) | Do you wish to opt for Turnover basis or Output basis? If on Output basis, please tell us | | | | | |
| | a) The nature of Output (that is description of commodity produced) | | | | | |
| | b) The unit of production (unit of weight used) | | | | | |
| 26) | Additional Perils to be covered/ Extensions to policy | Do you wish to cover the same by payment of additional Premium | Sum Insured | Remarks | | |
| | Loss due to accidental failure of Public electricity/gas/water supply (Please clearly understand the coverage, limitations and price before opting for this extension). | Yes <input type="checkbox"/> No <input type="checkbox"/> | | If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension. | | |
| | Customers Extension | Yes <input type="checkbox"/> No <input type="checkbox"/> | | If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension. | | |
| | Suppliers Extension | Yes <input type="checkbox"/> No <input type="checkbox"/> | | If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension. | | |

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| Do you wish to cover Wages under "Dual Wages Basis". Dual Wages basis means that you donot cover 100 % of your wages for the entire indemnity period. Instead, you cover 100 % of the wages for the initial part of the indemnity period and another selected percentage (say 10%) of the wages for the remaining part of the indemnity period. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension. |
| Do you wish to cover the auditor's fees? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Do you wish to cover your property located at other situations | Yes <input type="checkbox"/> No <input type="checkbox"/> | | If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension. |

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|-----|--|--------------|--------------------------------|-----------------|
| 24) | Premium/losses details for last 60 months. | Premium Paid | Losses incurred | |
| | Year | | Number of days of interruption | Amount of Claim |
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| 25) | Do you wish to opt for Voluntary Deductible? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If the answer above is yes, Please tick in one of the below mentioned slabs. | |
| | Slab 1 | 7 days gross profit subject to a minimum of Rs 10 Lakhs. |
| | Slab 2 | 14 days gross profit subject to a minimum of Rs 20 Lakhs |
| | Slab 3 | 21 days gross profit subject to a minimum of Rs 30 Lakhs |
| | Slab 4 | 28 days gross profit subject to a minimum of Rs 35 Lakhs |
| | Slab 5 | 35 days gross profit subject to a minimum of Rs 40 Lakhs |
| | Slab 6 | 60 days gross profit subject to a minimum of Rs 45 Lakhs |

Add-ons/Clauses opted for:

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

Payment Details:

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| 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 |
| PAN Number : | Transaction No. |
| | 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:

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| <p><u>AML Guidelines:</u></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 statues, 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> |
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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 our 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

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CIN: U66010MH2007PLC166770