

**PROPOSAL FORM -
EMPLOYEE'S COMPENSATION 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@universalsampo.com

If at anytime during the period of Insurance any Employee of the Insured so declared shall sustain injury by accident arising out of and in the course of his employment in the business, indemnity shall be under law(s) opted for, subject to the terms, exceptions and conditions contained in the policy wordings or endorsed hereon, upto the limit of indemnity against all sums for which the insured shall be so liable which is agreed by the insurer and mentioned on the policy schedule. * Marked 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 | |

PROPOSER'S DETAILS

| | | | | | |
|------------------------|---|--|---------------|--|-------|
| Name of the Proposer* | | | | | |
| PAN/ Aadhar Number: | | | | | |
| UID: | | | | | |
| GSTIN | | | | | |
| Communication Address* | Plot No/Flat No. | | Building name | | Area |
| | City | | Pin code | | State |
| | Contact Number | | Email ID | | |
| 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 | | | | | |

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")

| | | | | | |
|---|--|--|---------------|--|-------|
| Location of risk to be covered* | Is risk location same as above address? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| (please provide annexure in case of more than one location) | (if No, provide details of risk location below) | | | | |
| | Plot No/Flat No. | | Building name | | Area |
| | City | | Pin code | | State |

| | | | | | |
|--|-------|------|---------------|-----|------------------------|
| Particulars of work to be covered in Detail: | | | | | |
| Period of Insurance* | From: | Hrs. | on dd/mm/yyyy | To: | Midnight of dd/mm/yyyy |

COVERAGE REQUIRED

| Coverage | Scope of coverage | Aggregate Limit of Indemnity | Coveage Options [Yes/No] |
|-------------------------------|---|---|--------------------------|
| Employees Compensation | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured. | Limit: As per Employees Compensation Act | |
| Common Law | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding: | a) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. _____ | |

| | | | |
|------------------------------|---|---|--|
| Medical Expenses | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding: | d) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ | |
| Occupational Diseases | | e) Aggregate liability for all accidents during the Period of Insurance Rs. _____ | |
| Contractors Employees | | f) Limit Per Employee Rs. _____ g) Aggregate liability of the company for all employees during the Period of Insurance Rs. _____ | |
| | | Limit: As per Employees Compensation Act | |

ALL PERSONS EMPLOYED MUST BE INCLUDED

*Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

| Description of Employees | Declared Number of Employees | Total Declared wages during the period of insurance. | Place/Places of Employment |
|--------------------------|------------------------------|--|----------------------------|
| | | | |
| | | | |
| | | | |

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]**

| Contractors Name | Registered Address | Declared Number of Employees | Total Declared wages during the period of insurance. | Place/Places of Employment |
|------------------|--------------------|------------------------------|--|----------------------------|
| | | | | |
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** Please attach additional sheets if required.

| | |
|--|---|
| Does the above, schedule include (a) All persons in your service? (b) All your contractors/subcontractors? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn? | (a) Declined..... Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Withdrawn..... Yes <input type="checkbox"/> No <input type="checkbox"/> |

State the total Wages paid and particulars of accidents to your employees during the past three years.**

| Year [Past 3 years from this date] | Wages Paid | Amount of Loss |
|------------------------------------|------------|----------------|
| | | |
| | | |
| | | |

State the total wages paid and particulars of accidents to your contractors employees during the past three years.**

| Year [Past 3 years from this date] | Wages Paid | Amount of Loss |
|------------------------------------|------------|----------------|
| | | |
| | | |
| | | |

** Please attach additional sheets if required.

| Do you want to cover? | |
|--|--|
| a. Medical Expenses | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Occupational Disease | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Coverage for Contractors Workers/Employees | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Terrorism | Yes <input type="checkbox"/> No <input type="checkbox"/> |

OTHER RELEVANT INFORMATION*

| 1. Fire Protection Facility: Please Tick in the box below Portable Extinguishers <input type="checkbox"/> Smoke detector systems <input type="checkbox"/> Fire Engine <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> | | | | | | | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|--|--|--|--|--|--|--|--|
| 2. Distance from nearest fire brigade station: Please Tick in the box below <5 km <input type="checkbox"/> < 10 km <input type="checkbox"/> >= 10 km <input type="checkbox"/> | | | | | | | | | | | | |
| 3. Distance from nearest hospital: Please Tick in the box below <5 km <input type="checkbox"/> < 10 km <input type="checkbox"/> >= 10 km <input type="checkbox"/> | | | | | | | | | | | | |
| 4. Maintenance Standard: Please Tick in the box below More than 1 year <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | | | | | |
| 5. Electrical Installations: Please Tick in the box below Low transmission cables <input type="checkbox"/> High transmission cables <input type="checkbox"/> Transformers which are further divided into : a. less than or equal to 10 mega bolt ampere <input type="checkbox"/> b. more than 10 mega bolt ampere <input type="checkbox"/> | | | | | | | | | | | | |
| 6. In-house practices & labor welfare measures: Please Tick in the box below ISO Certification, HAZOP study & Certification, Best Employee Practices and Certifications, mock drills, safety instructions, emergency plan, protection gears, Underground, etc <input type="checkbox"/> Mock drills & safety instructions <input type="checkbox"/> None <input type="checkbox"/> | | | | | | | | | | | | |
| 7. Location of the premises: Please Tick in the box below Plain surface <input type="checkbox"/> Underground <input type="checkbox"/> Hilly area <input type="checkbox"/> Wet works <input type="checkbox"/> | | | | | | | | | | | | |
| 8. What is the frequency of the audit? Please Tick in the box below More than 1 year / No audit carried out <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | | | | | |
| 9. Medical Facilities: Please Tick in the box below Nursing centre with OPD facilities, in-house/on-call doctor, ambulance <input type="checkbox"/> Nursing centre <input type="checkbox"/> None <input type="checkbox"/> | | | | | | | | | | | | |
| 10. Premium / Claim details for the past 3 policy periods* <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Year</th> <th style="width: 30%;">Claim Description</th> <th style="width: 20%;">Premium (Rs)</th> <th style="width: 30%;">Claim Amount (Rs)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Year | Claim Description | Premium (Rs) | Claim Amount (Rs) | | | | | | | | |
| Year | Claim Description | Premium (Rs) | Claim Amount (Rs) | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

11. Whether insurance was declined by any other company or imposed any special conditions (Give details)*

12. Any other relevant information to specify?

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.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.
 - 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 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 polices 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

KYC 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

**USE IF FILLED BY SCRIBE
DECLARATION**

(APPLICABLE ONLY WHERE FORMS FILLED IN BY A SCRIBE* OR FOR FORMS SIGNED IN VERNACULAR LANGUAGES)

I _____ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract for _____ Policy between the Company and the Propose Policyholder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a nondisclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Propose Policyholder has signed / affixed his/her right thumb impression in my presence.

I, the Propose Policyholder declare that the contents in the proposal form and documents have been fully explained to me and I have fully understood the significance of the proposed contract.

ADDRESS OF SCRIBE
City/Village
State
Place
Pin
Date

Signature of the Scribe
*Scribe is a person not connected with the Company

Signature / Right Thumb Impression of the Policyholder Proposer

Signature of Life Advisor / Broker as witness

USE IF FILLED BY OTHER THAN SCRIBE

IN CASE THE PROPOSED INSURED/PROPOSER IS ILLITERATE OR IS SIGNING IN VERNACULAR OR IF FORM HAS BEEN FILLED BY AGENT/EMPLOYEE / SPECIFIED PERSON/ BROKER ON BEHALF OF THE PROPOSER/PROPOSED INSURED

I, (_____) (_____) hereby declare that I have read & explained the contents of
Name of the Agent/Specified Person/Broker/Employee Agent/Specified Person/Broker/Employee Code

the proposal form to the Proposed Insured/ Proposer in language and that I have read out to the Proposed Insured/ Proposer, the answers to the questions dictated by the Proposed Insured/Proposer. The information/answers filled in the proposal form by me on behalf of the Proposed Insured/ Proposer are exact replication of the information/answers provided to me by the Proposed Insured/Proposer and that the Proposed Insured/ Proposer has signed/affixed his/her thumb impression on the proposal form after fully understanding the contents thereof. I further declare that there is no addition/ deletion/alteration done by me to the information/answers provided by the Proposed Insured/ Proposer.

Signature of Agent/Specified Person/Broker/Employee

Signature/Thumb Impression of Proposed Insured/ Proposer

Witness Details:

Name : _____

Signature : _____

ID Proof Type : _____

ID Proof Number : _____

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 Somp 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

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