

**PROPOSAL FORM -  
FINE ARTS 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](mailto:contactus@universalsampo.com)

**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.

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	

**Insured Details**

1.	Name of Proposer							
2.	Address of 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"/>						
	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")								
3.	Name of Person to whom the policy has to be dispatched	Telephone No: _____ Mobile No. _____ Email _____ Bank A/C No. _____ Pan No: _____						
4.	Occupation/ Business Activity							
	Address of each of the premises	1 _____ 2 _____ 3 _____ 4 _____						
	Full description of each of the premises	Type of construction _____ Age of the building _____ No. of floors and height of the building, which floor is occupied by you? _____ Information of other occupants/businesses in Building _____ Details of the lifts, elevators, escalators and Facilities. _____ Activities being carried out in the premises _____						
	Are the premises/equipments/ machineries in sound condition of repair	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please provide the details of the action taken: _____						
	Details of surrounding areas/property/ occupancies							
	Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities							
	Do the premises have boundary/fencing?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	What Security and Safety arrangements available?							
	Is there a program for the prevention of fire, explosion incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details <table border="1" style="width: 100%;"> <tr> <td>Type of detection and alarm system and FEA installations</td> <td></td> </tr> <tr> <td>Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)</td> <td></td> </tr> <tr> <td>Provision made for supply of energy, water etc. in an emergency</td> <td></td> </tr> </table>	Type of detection and alarm system and FEA installations		Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)		Provision made for supply of energy, water etc. in an emergency	
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Availability of service organization in case of such incidents (fire brigade, specialists in environmental protection and toxicology)								
Provision made for supply of energy, water etc. in an emergency								

Amounts to be Insured	a) Pictures, paintings, sketches and the like:
Do you require cover for (a) Transits also- Please specify the points between which transits will take place.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details From _____ To _____
(b) Exhibitions	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details of duration of such exhibitions: From _____ To _____
Do the amounts insured represent current market value?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide the details
Previous Insurance	(a) Name of any previous insurers (if any): (b) Date of expiry of previous policy:
Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this insurance would apply?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details
Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details (a) approximate date of each loss or damage: (b) circumstances and amount of each loss or damage: (c) with whom the property was insured:
Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details
Are there any other factors affecting this insurance of which you are aware?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide the details

#### Premium Details & 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><b>AML Guidelines:</b></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>
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Declaration

1. I/We desire to insure with Universal Somp 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 Somp 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 Somp 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](http://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](http://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 Somp 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 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

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