

**PROPOSAL FORM -
HULL ALL RISK 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 / 69639900, Email : contactus@universalsampo.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	

(DEFINITE ANSWERS SHOULD BE GIVEN FOR ALL QUESTIONS. NO COLUMN SHOULD BE LEFT BLANK OR COMPLETED WITH A '-' (DASH)

1. Proposer's Name in full:							
2. Proposer's Address:							
3. Contact No. & Email Id:							
4. 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"/>					
5. 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.							
6. 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")							
7. Proposer's business or occupation:							
8. Details of aircraft to be insured							
Air Frame					Engines		
Passenger Seating Capacity					Number & Date of issue of last renewal of C of A	Number and Type	Maximum All Upweight of aircraft in Kgs
Make, Type & Series No.	Year of Construction	Licensed	Declared for the purpose of this Insurance	Registration/ Identification Marks			
9. Value of the aircraft							
Year of Purchase	Price Paid	Present value of the aircraft with standard instruments and equipment		Extra equipment and accessories fitted to or carried in the aircraft		Total Value of the aircraft for the purchase of insurance	
				Details	Value		
10. Purpose for which the aircraft will be used:							
11. Geographical limits for which mover is required:							
12. Will aircraft be flown at night?:							
13. By whom will the maintenance and running repairs be carried out							
14. (a) Where will the aircraft usually be kept:							
(b) Is the aircraft normally kept in a hanger?:							
(c) If so, state type of construction of hanger:							
15. Will the aircraft be taxed by persons other than licensed pilots or competent licensed engineers? :							
16. Have you entered into any agreement with any party whereby liability is assumed or denied in respect of the operations of the aircrafts?: Is so, give details.							
17. Has any insurance company at any time,							
(a).declined your insurance proposal?:		Yes/No					
(b).cancelled or refused to renew your policy?:		Yes/No					
(c).required an increased premium or imposed any special condition? :		Yes/No					
If answer to (a) or (b) or (c) is "YES" please give details.							
18. Please state details of all accidents/ losses during last 5 years.							
Date of Accident	Brief details of accident	Cost of estimate of repairs to Aircraft (Rs.)	Amount of liability claims incurred (Rs.)				
			Third Party	Passenger			

19. Give details of pilot who will fly the aircraft.

	Pilot	Pilot	Pilot	Pilot	Pilot	Pilot
Name						
Age						
Type of aircraft flown						
Flying experience (in hours)						
(a) Total Day :						
(b) Total Night :						
(c) During last 3months:						
(d) On type & make of Aircraft proposed for Insurance:						
Current License						
(a)Date of expiry						
(b) Classification						
Details of accidents, if any, during last three years.						

20. Details of insurance required:

(A)SECTION I – LOSS OR DAMAGE TO THE AIRCRAFT	
Whether cover required :	Yes/No
If so, risks to be covered:	Flight/Taxying/Ground
(State “Flight”, “Taxying”, “Ground”, “Moored” as the case may be)	
(B)SECTION II – THIRD PARTY LIABILITY	
Whether cover required :	Yes/No
If so, Limit of Indemnity (any one accident & any one year) :	
(C)SECTION III – PASSENGER LIABILITY	
Whether cover required:	Yes/No
Limit of liability per passenger :	Rs. /- Each Person each Accident
Whether cover required on “Legal Liability” basis or “Admitted Liability” (voluntary settlement) basis :	Rs. /- Admitted Liability Basis
Baggage Liability	
Whether cover required:	Yes/No
Limit of Indemnity per passenger :	Rs. /- per Passenger.
21. (a)Do you require Hull War Risks cover?:	Yes/No, FULL WAR & SRCC COVER
(b) If full Hull War Risks cover is not required, do you require limited coverage for Malicious Damage/ Strikes, Riots & Civil Commotion/ Sabotage/ Hi-jacking?	
(c)Do you require cover for Deductible? :	Yes/No
(d)Do you require separate cover for Spares? :	Yes/No
If Yes, please specify Sum Insured separately for Storage & Transit risks	Rs_
21. Period of insurance	from_ to_

Premium & Bank 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 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.

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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