

MARINE CARGO INSURANCE

QUESTIONNAIRE / PROPOSAL FORM

Important:

These are the minimum requirements to be furnished by a You. We may seek any other information as desired for underwriting purposes.

- Please tick the boxes wherever applicable. Please fill in **CAPITALS**.
- Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
- 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.
- All fields are mandatory.
- Read the Prospectus/Key Features/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better

Regd Office: Unit No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (E), Mumbai 400093

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code & Contact Number (if any)	

Please ensure that all columns are completed. You may attach separate sheets in case the space is inadequate to furnish all the relevant information.

1	Name of the Proposer	
2	Address of the Proposer	
3	Address Proof	<input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others
4	CKYC No : <input checked="" 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.	
5	Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with Karvy <input checked="" type="checkbox"/> CAMS <input checked="" type="checkbox"/> NSDL <input checked="" type="checkbox"/> CSDL <input checked="" type="checkbox"/>	
	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”)			
	Nominee Details (applicable for policies bought by Individuals)			
	Nominee Name	Nominee Relationship	Age	Name of Appointee (If Nominee is a minor)
				Relationship with the Nominee
6	Details of Goods produced / traded / activities conducted			
7	Annual Turnover of Business			
8	Details of goods proposed for insurance			
	a. Whether hazardous / explosive			
	b. Refrigerated or alike			
	c. Whether Project Cargo			
	d. Others			
9	Whether New or Old or Both			
10	Details of packing (Primary & Secondary wherever applicable)			
11	Whether Containerized (If yes FCL/LCL)			
	a. In case of FCL place / stuffed by whom			
12	Mode of transit By :			
	Road			
	By			
	Rail			
	By			
	Sea			
	By Air			

13	Nature of Voyage (<i>Export / Import / Inland</i>)	
14	Type of Policy (<i>Specific Voyage/Open Policy/ Sales Turnover</i>)	
15	Details of Voyage (<i>Voyage from.....To...</i>)	
16	Vessel Details	
	a. Name	
	b. IMO No.	
	c. Age	
	d. Class	
	e. Flag	
	f. GRT	
17	Sum Insured (<i>INR / Foreign Currency wherever Applicable</i>)	
18	Limit per bottom By Road By Rail By Sea By Air Others (Specify)	
19	Limit per location	
20	Period of Insurance	
21	Expected date of transit (<i>In case of specific voyages</i>)	
22	Total estimated transits in a Year (<i>In case of Open policy</i>)	

23	Basis of valuation	
	Ex-works	
	CIF	
	C&F	
	FOB	
	Others (Specify)	
24	Insurance coverage required	
	In case of Import / Export – Whether you seek revised or old ICC clauses	
25	Whether cover required for Customs duty / Contingent Duty (If yes, Sum Insured thereof)	
26	Add on covers/Clauses/Endorsements required (PI specify)	
27	In case of co-insurance, please furnish following details.	

SCHEDULE OF INSURERS

Sl. No	Name of co-insurers	Total Sum Insured	% Share
1.			
2.			

28	Past Premium and Claims statistics for the last five years in the following format				
Year	Sum Insured	Premium	Nature of Claims	Claims Paid	Claims outstanding

PREMIUM PAYMENT AND BANK DETAILS*

Payment Option:	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	<input type="checkbox"/>	Cash	<input type="checkbox"/>		
Premium Amount:	₹		Amount in Words:					
For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd):								
Account Holder Name:								
Instrument Number	:		Instrument Date	:				
Instrument Amount	:		Bank Name	:				
Fund Transfer/Wallet:	Name of Bank/Wallet			Transaction Number:				
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.								
Account No.	:		IFSC/MICR Code	:				
UPI ID	:		Branch Name:	:				
Type of Account	:	Saving Bank's Account	<input type="checkbox"/>	Current Account	<input type="checkbox"/>			
		Others (Please Specify)	<input type="checkbox"/>					
BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE								
Name of Account holder								
Bank Name & Branch:								
Bank Account Number								
IFSC Code								
AML Declaration:								
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 and its subsequent amendments. 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/We 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 <input type="checkbox"/> Non-Indian <input type="checkbox"/> , If Non-Indian, please specify the country _____								
Declaration:								
1. I/We desire to insure with Universal Sampo General Insurance Company 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 Sampo 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 Sampo 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. **Go Green** - We would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form.
 - By choosing this option, You wish to avail Physical Policy Copy.
11. 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
12. I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.
13. I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.
I hereby consent to and authorize Universal Sampo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

DISABILITY DECLARATION

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:

Signature of Representative:

CKYC DECLARATION

1. I hereby give consent to Universal Sampo 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

SECTION 41 OF INSURANCE ACT, 1938 – 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 of risk relating to lives or property in India, any rebate of 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 published prospectuses 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 Sampo General Insurance Co. Ltd.

Unit No- 601 & 602 A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus; Thane- Belapur Road, Airoli-

400708)

Toll free: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 – 2004030

Insurance is subject Matter of Solicitation. For more details on risk factors, terms and condition please read sale brochure carefully before concluding a sale. “IRDAI or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium”; “IRDAI does not announce any bonus”; “Those receiving such phone calls are requested to lodge a police complaint along with the details of phone call and number”.

Registered & Corp Office : Universal Sampo General Insurance Company Ltd.

**Unit no: 103, 1st Floor, Ackruti star, MIDC, Andheri (E), Mumbai-400093, Maharashtra Tel :002-41659800,
022-41659900, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770**

E-mail : contactus@universalsampo.com, website link www.universalsampo.com