

**PROPOSAL FORM -
PRODUCT RECALL 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@universalsompo.com

This Proposal for insurance will be the basis of the Insurance Policy that we issue to you. It is essential that your answers to the questions herein are full and accurately given and that you provide us with all additional information relevant to the risk to be insured /can influence our decision as to the acceptance of the Proposal or the terms upon which it should be accepted. Your failure to comply with this obligation may result in the rejection of your claim and the avoidance of your Policy when a claim is made against the Policy.

Important: These are the minimum requirements to be furnished by a 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. All fields are mandatory.

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	

PROPOSER DETAILS

Proposer's name in full:	
Postal Address	
Website:	
Tel. No. / 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")

GSTIN of your company	
Country of Operations	
Business Description	
Date of incorporation	
Does Insured have a subsidiary, affiliate or representative entity in the USA? If yes, please provide Name and Addresses of such affiliate/entity	
Period of Insurance	From: ___/___/___ at ___ Hrs to ___/___/___ at ___ Hrs
Limit of Indemnity:	_____ Anyone Occurrence; _____ in the Aggregate
Retroactive Date (if any)	
Please provide number and locations of operations	

PRODUCT DETAILS

Please provide details of your products	
Product Function	
Application (where installed)	

List the revenue figures/ annual turnover for the past 5 years, as well as the estimated figures for the forthcoming year and indicate the approximate percentage split in revenue per territory. (in INR only)

Year	Revenue	USA/ Canada/ Australia %	India %	OECD Countries %	Non-OECD Countries %

Please confirm, is this the total revenue for the whole of the proposed Company? Yes No

If not, please explain:

Please indicate any new product types that have commenced production or have entered the public stream of commerce within the last 12 months:	
List any product discontinued or recalled during the last 5 years with a short explanation.	
Suppliers, Distributors and Vendors of your products: Do you purchase materials or components from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you import products or component parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold them harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they hold you harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage (if any) of your manufacturing is contracted out to third parties?	
Product Design: Do you operate a research and development department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you do your own design work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you maintain records of design change and reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your designs subject to independent external review, testing or certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your products designed, tested, labelled, and manufactured? i)To meet or exceed all government and industry standards of the territories to which you are supplying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii)For optimum safety despite misuse or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you manufacture any of your products to the specification of your customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the life expectancy of your products? (Give number of years.)	

Batch/ Contract Size:

Please complete the following table for the products for which cover is required:

Product Type:	
Product (brand)Name:	
Annual turnover of product:	
Daily production:	
a)sales (in Rs)	
b)units	
Is it a finished product or a component?	
If a component, what is the finished product?	
If a component, what is the value of:	
a)The component?	
b)The finished product?	
Production location:	
Number of production Lines:	
Largest traceable batch size or value:	
Average traceable batch size or value:	
Failure Rate after Handover?	
Does the product require installation?	

QUALITY CONTROL TESTING AND ASSURANCE

1)Do you have a Certified Quality Management System? If yes, please specify certification. If not certified, please advise what Quality Management Systems you have in place a) Are Quality Assurance audits performed in-house or by an independent third party? b) How often are these audits performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)Do all of the products which are the subject of this proposal conform in all respects with requirements of law or regulation, including applicable industry guidelines or any other jurisdiction there of If no, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3) Do all labels, user instructions, manuals and packaging meet applicable industry standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Is there a Quality Control Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Who is responsible for overseeing and implementing QA procedures?	
4) a) Do you require your suppliers of components or raw materials to abide by specified quality standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) What steps are taken to monitor and assess the quality standards adhered to by these suppliers? (Application, references, inspection reports, etc.)	
5) How do you collect and monitor customer complaints	
6) Please specify what type of testing is carried out: a) in-line b) end of line c) raw materials other	
7) Is this testing carried out:	<input type="checkbox"/> in-house <input type="checkbox"/> by a third party

Please provide samples of testing documentation/certification as applicable.

RECALL MANAGEMENT

Do you have a current recall plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When these plans were last reviewed and/or updated?	
Is a batch coding system utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify type of batch coding used:	
Does your batch coding system allow 100% traceability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry out mock recalls and traceability tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when were the last tests carried out?	
Please estimate the cost to recall your leading brand: (include recall costs, lost sales/profit, re-marketing costs etc)	

LOSS INFORMATION

Have any claims been made against you or any predecessor in business in the past ten years? If yes, please give provide: Recall Costs: Date of incident(s): Cause/ Defect: Remedial action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than any details indicated above, are you or any predecessor in business, after enquiry, aware of any circumstances which could give rise to a claim? If yes, please give full details including potential amounts involved.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment 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 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 statutes, 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
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