

**PROPOSAL FORM -
PROFESSIONAL INDEMNITY 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

This proposal form must be completed by a Partner, Principal or Director of the Company. All questions must be answered in full. If there is insufficient space to answer any question fully, please attach additional sheets as may be required. Please attach your Company's brochure(s); marketing collaterals and attach a copy of your standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

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		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

The completion and signature of this proposal does not bind cover nor will it be considered as a Contract of Insurance.

Section 1 – Your Company and Staff

a) Name of Individual or Company(s) ('You') including any Subsidiary Companies for whom cover is required:

1)	Date Established:
2)	Date Established:
3)	Date Established:

b) Address of all offices, including those of any overseas local offices or representatives:

Address	Name of Partner, Principal or Director responsible
Registered or principal office	
Second location (if any)	
Third location (if any)	

Contact No & Email Id: _____

Address Proof: _____ Aadhar Card Driving License Passport Voter ID Others

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")

c) Name(s) of any previous company(s) requiring cover and details of the nature of work undertaken:

	Date Ceased Trading:
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d) Please provide details of all Partners, Principals or Directors:

Names of all Partners, Principals or Directors	Age	Qualifications	Date(s) Qualified	No of years with this Company

(Please attach a C.V for the Managing Partner(s), Principal(s) or Director(s) showing their experience in this profession)

e) Please provide details (including C.Vs) of all full-time and part-time Consultants who are under a contract of service with you:

Names of all Consultants	Age	Qualifications	Date(s) Qualified	No of years with You

f) Is cover required for any Partner in respect of liability arising out of a previous business? If Yes, Please give details.

Name	Name of previous firm	Nature of firm's business	Date Partner left the previous firm and the reason for leaving

g)Details of Your memberships of Trade Associations or Professional Bodies?

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3

h)Have you or any person employed by you ever been subject to disciplinary proceedings by any Professional Body?

If 'YES', please give details:

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i)Please state the total number of:

a) Partners, Principals or Directors	
b) Other Qualified staff	
c) Other Technical staff (excluding Administrative staff)	
d) Administrative and all other staff	
Total	

j)How do you ensure that you and your staff keep up to date with changes in legislation and other legal developments which affect the type of work you do and the services you offer? Please provide details:

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k)If you are a sole principal, please provide details of the arrangements for office supervision during your absence:

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l)Do you work to a professional code of practice?	YES/NO
m)Do you have written checklists / procedures for the services which you provide?	YES/NO
n)Do you have standard contract terms and conditions which you use in every case? (If 'YES', please provide us with copies, if 'NO', please explain why and detail the alternative methods you use to confirm terms of engagement with your clients)	YES/NO
o)Are you accredited, or in the process of being accredited, to any BIS or other Quality Assurance standard?	YES/NO

If 'YES', please provide details:

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Section 2 – Companies with whom you are associated

a)Do you undertake work for any partnership, company or organisation in which any Partner, Principal, Director or Employee holds a position whereby he/she is able to make major decisions on behalf of such partnership, company or organisation?	YES/NO
b)Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice, company or organisation? If you have answered 'YES' to either of questions a) or b) please provide full details :	YES/NO
c) What % of your income is derived from the associated companies detailed above?	YES/NO
d)Is cover required for the work you undertake for the associated companies detailed above?	YES/NO
e)Has any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily?	YES/NO
f) Has any Partner, Principal or Director been made personally bankrupt? If you have answered 'YES' to either of questions e) or f) please provide full details:	

Section 3 – Your Activities

a)Please provide a full and clear description of your activities and those of any other company declared in Section 1 question a), including any features of your work which you believe may be of interest to Insurers:

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b)Please state your gross income/fees (including those paid to sub-contractors) for each of the last three financial years and an estimate for the next financial year in respect of income/fees billed to clients based in the following territories:

Year	India	Overseas excl. USA & Canada	USA & Canada	Total

Financial Year Ending (e.g. 1/4/): _____

c) Do you enter into any contracts where legal jurisdiction is anything other than India? YES/NO

If you have declared fees from any territory other than the India or answered 'YES' to Question c) please give full details including nature of contract, dates, countries involved, contract values and jurisdiction applicable:

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d) Please list the activities declared and state the approximate percentage of work carried out in each instance:

1)	%
2)	%
3)	%
4)	%
5)	%
Total	100%

e) Please provide details of your 3 largest contracts undertaken in the past 5 years and/or to be undertaken within the next 12 months:

Dates	Client	Details of contract and services provided	Total contract value	Your fee

f) Are you or any individual partner or director a member of any joint venture (JV)? YES/NO

If 'YES', please provide full details:

Name of consortium/JV	Your role in the consortium/JV and the services you provide	Fees (INR)

g) What percentage of your income is paid to sub-contractors? _____%

h) Do you want us to provide cover to sub-contractors under your policy for claims made against them in respect of work they perform on your behalf? YES/NO

Please give details of the work undertaken by sub-contractors on your behalf and how you review it:

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l) Do you enter into written agreements with your sub-contractors? YES/NO

j) Are sub-contractors required to hold their own Professional Indemnity Insurance and if so, please mention the amount? YES/NO

k) Have any major changes in your activities/structure taken place in the past twelve months or expected to take place in the next 12 months? YES/NO

l) Is cover required for any previous, now ceased, activity which is different from that declared within this Proposal Form? YES/NO

If you have answered 'YES' to questions l) or m) please provide full details:

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m) Do you undertake any contracts which involve you or your sub-contractors in:

i) manufacture, construction, erection or installation	YES/NO
ii) the supply of materials, plant, goods or equipment	YES/NO

If you have answered 'YES' to either of these questions please provide full details, including the proportion of fees earned from this work and the nature of the products involved:

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n) What do you think are the most significant risks associated with your activities and what do you do to minimise your exposure to them?

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Section 4 – Your Professional Indemnity Insurance arrangements

a) Please provide details of your current insurance. You need not answer this question if you are currently insured with us.

If you are not currently insured, please state 'Not Insured':

Insurer	Renewal Date	Limit of Indemnity (Any One Claim/Aggregate)	Premium	Excess	Retroactive Date

b) For how long have you been continuously insured?

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c) Has any Insurer ever:	
i) declined to offer Insurance to you or any Partner, Principal or Director?	YES/NO
ii) imposed any special terms on your Company or any Partner, Principal or Director?	YES/NO
iii) cancelled or voided an Insurance for you or any Partner, Principal or Director?	YES/NO

If you have answered 'YES' to any of these questions please provide full details:

d) What Limit of Indemnity do you now require? Please indicate by circling the numbers below:
e.g. INR 50 Million INR 100 Million INR 150 Million INR 200 Million or (Please state Rs.)

Section 5 – Your Claims history

IF SPACE IS INSUFFICIENT, PLEASE ATTACH ADDITIONAL SHEETS TO ENABLE YOU TO PROVIDE FULL DETAILS.

l) Has any claim, whether successful or not, ever been made against you, your predecessors in business or any past or present Partner, Principal, Director or Employee?	YES/NO
ii) Are you or any of the Partners, Principals, Directors or Employees AFTER FULL ENQUIRY, aware of any circumstances which may give rise to a claim against you, your predecessors in business or any past or present Partner, Principal, Director or Employee?	YES/NO

If you have answered 'YES' to **any** of the Claims Questions please provide full details including dates, amounts involved, brief details of the nature of the claim, whether the claim is paid or still outstanding and state the steps taken to prevent a reoccurrence.

Section 6 - Additional Information

Please use this space to provide additional information in support of the answers given within the proposal form or simply to provide further details about you or your activities which you feel would be of interest to us (Please clearly show the question number to which the information relates). You may attach further additional sheets if required.

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 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><u>AML Guidelines:</u></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>

Declaration

1. I/We desire to insure with Universal Sampo 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 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.universalsampo.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.universalsampo.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 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

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 Sampo 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.
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