

**PROPOSAL FORM -
SHOPKEEPER'S INSURANCE POLICY - LAGHU UDYAM**



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

Important:

- 1.This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds Rs 5 Crore but does not exceed Rs 50 Crore, against Fire and Allied Perils.
- 2.Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- 3.The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

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	

Name of Proposer	
Address of Proposer	
Telephone No. (Landline No.) /Mobile No.	
Email	
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")	
Contact person details (where proposer is not an individual) a. Name & b. Designation	
Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
Period of Insurance	From : _____ To : _____

COVERAGE PROPOSED (PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

A.Business and Location of Business

Section 1 - Fire and Allied Perils- Building & Contents

Business of Proposer																									
Location of risk/business to be covered - full postal address with Pin Code.	<table border="1"> <thead> <tr> <th>Sl.No.</th> <th>Address</th> <th>Pincode</th> <th>Occupancy</th> <th>Age of unit</th> <th>Floor*</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Sl.No.	Address	Pincode	Occupancy	Age of unit	Floor*																		
Sl.No.	Address	Pincode	Occupancy	Age of unit	Floor*																				

*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).

B. Details about business covered at the insured location

1.	Details of insured property	Please tick in the space below :
	a. Offices, Shops, Hotels etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b. Industrial / Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c. Storage outside Industrial/ Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	d. Tanks / Gas holders outside Industrial/ Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	e. Utilities located outside Industrial/Manufacturing risks	<input type="checkbox"/> YES <input type="checkbox"/> NO
	f. Boundary wall	<input type="checkbox"/> YES <input type="checkbox"/> NO
	g. Basement storage	<input type="checkbox"/> YES <input type="checkbox"/> NO
	h. Others (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
3.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	

4.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
5.	Fire Protection devices installed	Please tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.
6.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Construction details	
	a. Please state material used	Please tick the correct answer in the box.
	i) Walls	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	ii) Floor	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
	iii) Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
<p><i>Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/ plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.</i> <i>Pucca: Buildings other than Kutcha are treated as Pucca constructions</i></p>		
	b. Number of Floors	
	c. Age of the Building	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 20 years <input type="checkbox"/> Above 20 years
8.	Distance between the risk to be covered and nearest Fire Brigade	

C. Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis: .

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
- For raw material: Landed Cost
- For stock in process: Input cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

* Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

SR. No.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total

D. Standard Add-on

E. Do You want to opt for Floater Cover? -- Yes/No (strike off what is not applicable). If Yes, give details below

1.	Floater Cover (for stocks at various locations)								
	<table border="1"> <thead> <tr> <th>Location (Postal address with pincode)</th> <th>Sum Insured (In ₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Location (Postal address with pincode)	Sum Insured (In ₹)						
Location (Postal address with pincode)	Sum Insured (In ₹)								
	i) Maximum value at any one location: ₹ _____ ii) Whether stocks stored in open: Yes/No								

F. Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below

1.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
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SECTION 2 Burglary & Robbery

1) What protection is provided to: (a) Doors (b) Windows (c) Skylights, ventilators, exhaust fans, lights, air conditioners, trap doors	
NB: Mention any specific precautions you have adopted for safeguarding your property	
2) Are the premises guarded by Watchmen? If so by how many and during what time?	
3) Are all valuables secured in a safe(s) outside business hours?	
4) How many keys are there to the safe (s) and with whom are they kept?	

5) Is the insured location protected by a burglar alarm system? If yes, please specify	Rs _____
6) Sum to be Insured for contents:	
(i) Saleable Items (Market Value i.e. procurement value)	Rs _____
(ii) Furniture, Fixture, Fittings (Reinstatement Value)	
(iii) Business Equipments/Electronic Equipments (Reinstatement Value)	Rs _____
(iv) Cash in safe (Restricted to one day's collection)	Rs _____
(v) Cash in till/counter (Restricted to one day's collection)	Rs _____
(vi) Other Valuables (pl. specify)	

SECTION 3 Money in Transit

1.Limit per transit (Please indicate the limit required per transit)	Rs _____
2.Estimated Annual Turnover.	Rs _____
3. Is there a daily written record of the money in transit and is it updated everyday.	Yes/No

SECTION 4 Plate Glass and Neon Signs/ Glow Signs

A. Plate Glass	
(i) Description & location	
(ii) Insured Value of Plain Glass (pl. provide Replacement value)	
(iii) The cost of tinting, lettering, painting, embossing, silvering or any other ornamental work, if proposed to be insured	
B. Neon Sign/ Glow Sign	
(i) Description & Location	
(ii) Year of installation	(iii) Name of manufacturer
(iv) Insured Value (pl. provide Reinstatement value)	

SECTION 5 Electronic Equipment Insurance

(Only Equipments which are less than 10 years of age from the date of manufacture can be covered. Following details must be provided in respect of each equipment)

Description of the Equipment	Serial No	Year of Manufacture	Name of manufacturer	Reinstatement Value
Do you require cover for data media and system software? If so, provide				
(i) Reinstatement value of data media			Rs _____	
(ii) Repurchase cost for system software			Rs _____	
Do you require cover for reproduction of data lost following identifiable damage to data media? If 'Yes', what is the limit required?			Rs _____	
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:				

SECTION 6 Breakdown of Business Equipments

(Only Equipments which are less than 10 years of age from the date of manufacture can be covered. Following details must be provided in respect of each equipment.)

Item No	Description	Year of Manufacture	Name of Manufacturer	Reinstatement Value
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:				

SECTION 7 Personal Accident

(Please give the following details for all persons to be covered under this section)

Name of the Person	Relationship with the proposer	Nature of function	Date of Birth	Sum to be insured (Rs)

(*Please limit the sum insured to 5 times annual income of the person to be covered)

Please give details of nomination:

Name of Nominee	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee

SECTION 8 Fidelity Guarantee

(Please give the following details for all persons to be covered under this section)

Name of the Person	Designation	Nature of Work/activity	Monthly Salary	Amount of cash/stock held by the employee

Has there been any occasion to question the honesty or conduct of any person proposed for coverage? If yes, please provide details

How often are the employees required to account for the money?

Are books of accounts balanced everyday?

Detail the system in place to check that all sums received by employees are accounted for.

Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners during the last 5 years.

SECTION 9 Public Liability

(The maximum amount of Limit of liability can be Rs 10 lakhs only)

Limit of Liability (Any one Accident and Any one Year) Rs

SECTION 10 Workmen's Compensation

Serial No.	Category of Workers	Number of workers	Annual Wage for all workers in this Category

SECTION 11 Business Interruption (Fire)

1) What was your turnover for last financial year?

Rs

2) What is the estimated turnover for this year?

Rs

3) Do you keep proper books of accounts?

Yes No

4) Are the books of accounts audited by a Chartered Accountant?

5) If yes, give the name and address of the Chartered Accountant

6) What is the indemnity period opted?

7) Gross Profit to be covered

Other Information

Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																
Whether Insurance was declined by any other Company (Give details)																
Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>	Year	Premium	Claim										Total		
Year	Premium	Claim														
Total																

Premium Payment & 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 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:

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
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.
CIN: U66010MH2007PLC166770