

**PROPOSAL FORM -
SHOPKEEPER'S 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 / 900, Email : contactus@universalsompo.com
(The property proposed for insurance is not covered until the proposal is accepted and premium 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	

1) Name of the Proposer :	First Name	Middle Name	Last Name
2) Address of the proposer			
3) Phone Number			
4) Email Id			
5) Bank Account No.			
6) 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"/>		
7) 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.

8) 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")

9) Occupation/Business Activity (Please state the commodities to deal in)			
10) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions.			
11) Risk Location Address			
12) District in which the risk is located			
13) State in which the risk is located			
14) Period of Insurance	Start Date (dd/mm/yy)	End Date (dd/mm/yy)	

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

**SECTION 1
Fire and Allied Perils- Building & Contents**

1.) BUILDING	
(a) Nature of Construction	
Wall	Bricks/Concrete/ others (pl. specify)
Roof	Concrete/AC sheet/Metallic sheet/Tiles/others (pl. specify)
(b) Occupancy	
(i) Is the building solely occupied by you	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) If the answer is 'NO', Please provide details of other occupancies	
(iii) Do you own the Building	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) If you own the Building, please provide the details of Sum to be insured (Reinstatement value)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Super Structure	
(ii) Plinth & Foundation	

2.) CONTENTS	
(a) Sum to be Insured for contents (i) Saleable Items (Market Value i.e. procurement value)	Rs _____
(ii) Furniture, Fixture, Fittings (Reinstatement Value)	Rs _____
(iii) Business Equipments/Electronic Equipments (Reinstatement Value)	Rs _____
3.) ADD ON COVER	
(a) Do you wish to cover terrorism risk at additional premium	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Do you wish to cover earthquake risk at additional premium	Yes <input type="checkbox"/> No <input type="checkbox"/>

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) (ii) Furniture, Fixture, Fittings (Reinstatement Value) (iii) Business Equipments/Electronic Equipments (Reinstatement Value) (iv) Money in safe (Restricted to one day's collection) (v) Money in till/counter (Restricted to one day's collection) (vi) Other Valuables (pl. specify)	Rs _____ Rs _____ Rs _____ Rs _____

SECTION 3 MONEY

1) Money in transit (Please indicate the limit required per transit)	Rs _____
2) Is there a daily written record of the money in transit and is it updated everyday	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 insure	
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)

Item No	Description	Date 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
 (ii) Repurchase cost for system software

Rs _____
 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	Date 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	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 each Category or workers put together

SECTION 11 BUSINESS INTERRUPTION

A) APPLICABLE WHERE ANNUAL TURNOVER IS LESS THAN RS. 10 LAKHS

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 <input type="checkbox"/> No <input type="checkbox"/>
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? (Maximum 12 months only)	
7) What is the sum insured for saleable items under Section 1?	

B) APPLICABLE WHERE ANNUAL TURNOVER IS MORE THAN RS. 10 LAKHS

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 <input type="checkbox"/> No <input type="checkbox"/>
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	Rs
Net Profit (before Tax)	Rs
Standing Charges	Rs

NOTE:

- a. If the indemnity period is more than 12 months, the gross profit to be proportionately increased.
- b. All the fixed expenses are to be considered as standing charges.

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 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 : <input type="text"/> 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-India
If Non-Indian, please specify the country _____

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.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 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
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CIN: U66010MH2007PLC166770