

**PROPOSAL FORM -
TRADE CREDIT INSURANCE**



Registered and Corporate Office : Unit No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai 400093.
Tel. : 022-41659800 / 69639900, Email : contactus@universalsompo.com

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	

Having verified the provisions governing New Trade Credit Insurance, we hereby apply for New Trade Credit Insurance as follows.

We hereby declare that all the information provided in this Form is precise and true and correct.

In applying for the Insurance, we declare that we understand and agree on the description content of the Insurance Disclosure Statement.

We hereby warrant and represent that, to the best of our knowledge, neither our company nor any executive, employee, or representative of our company has been or will in the future be involved in corrupt practices that contravene any laws concerning corrupt practices (including foreign laws) with respect to this case. Also we hereby affirm that neither our company nor any executive, employee, or representative of our company has been indicted on criminal charges for contravening any provisions relating to corruption as set forth in the Unfair Competition Prevention Act or has been convicted for the same at any time in the last five (5) years.

In the case of applying for Special Conditions for Comprehensive Insurance

We hereby confirm that we have declared all prospective trading partners as buyers who should be the contract counterparties.

1. Applicant (Policyholder / Insured)

Company Name:	
Address:	
Phone / Fax:	
Company representative signature	

2. Applicant information

Name of company representative :	
Title :	
Business descriptions :	
Capital :	
Date of foundation :	
No. of employees :	
Contact: Name	Tel:
FAX:	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")	

3. Transaction and related information

Domestic Export Both

Total sales(*)		Total number of buyers(*)	
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(*) For Comprehensive Special Conditions ONLY: Indicate all the transactions of the shipper unit under the comprehensive classification (one company or one section)

4. Counterparty of the contract to be insured

Basic Information	Name of the counterparty of the contract to be insured	
	Address of the counterparty of the contract to be insured	
	Country	
	Goods under the contract	
	Maximum receivables	
	Annual sales	
	Payment conditions (Settlement conditions / usance)	
	Average DSO	
	Maximum Liability Way of concluding the transaction contract (e.g.: Signing to SALES NOTE)	
	Existence of another insurance contract	Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance name
	Material fact that may cause loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre-shipment Special Conditions	Country of destination	
Information to be reported	Fill in the columns only in the case of Single Buyer Type (i.e. there is only one buyer as the counterparty to the contract to be insured)	1.Has this buyer been excluded (limit reduction or cancellation) from any insurance contracts with other private insurance companies? If yes, please provide the reason. Yes <input type="checkbox"/> No <input type="checkbox"/> (Reason for exclusion: _____) 2.Please provide the residual amount of limit for this buyer with other private insurance companies. Amount before exclusion: _____ (Currency: _____) Amount after exclusion : _____ (Currency: _____)
	Overdue accounts except for technical delay of payment as of application date	Yes <input type="checkbox"/> No <input type="checkbox"/> (Name of the buyer: _____)
	Remark	

Counterparty of the contract (buyer code: _____) Not registered

Rating GS GA GE EE EA EM EF Rating ineligible for cover

(Note)If you want to register more than two "counterparties of the transaction contract," use the attached document.

To check the detail of the transaction contract, submission of copies of document showing contract form (e.g. past contract concluded) may be requested.

Premium Payment and Bank 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 <input type="checkbox"/> Cash	
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"/>	
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.

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/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 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.**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 Sompo 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.

Place:
Date:

Signature of Proposer

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 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