

UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 201-208, Crystal Plaza, Opp. Infinity Mall, Link Road,
Andheri (West), Mumbai – 400 058

Mailing Address: 201-208, Crystal Plaza, Opp. Infinity Mall, Link Road,
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Tel: 0091 22 4067 9000

PROPOSAL FORM FOR SHOP KEEPER'S PACKAGE POLICY

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Proposer	
4) Address of the proposer	
5) Phone Number	
6) Email id 7) Bank Account No.	
8) 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) District in which the risk is located	
12) State in which the risk is located	
13) Pin code of the location of risk	

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	Yes/No

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<p>you (ii) If the answer if 'NO" ,Please provide details of other occupancies</p> <p>(iii) Do you own the Building</p> <p>(c) If you own the Building, please provide the details of Sum to be insured(Reinstatement value)</p> <p>(i) Super Structure</p> <p>(ii) Plinth & Foundation</p> <p>2. CONTENTS</p> <p>(a) Sum to be Insured for contents</p> <p>(i) Saleable Items (Market Value ie.procurement value)</p> <p>(ii) Furniture, Fixture,Fittings (Reinstatement Value)</p> <p>(iii) Business Equipments/Electronic Equipments (Reinstatement Value)</p>	<p>Yes/No</p> <p>Rs..... Rs.....</p> <p>Rs.....</p> <p>Rs.....</p> <p>Rs.....</p>
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SECTION 2	
Burglary & Robbery	
<p>1. What protection is provided to:</p> <p>(a) Doors</p> <p>(b) Windows</p> <p>(c) Skylights, ventilators, exhaust fans, lights, airconditioners,trap</p>	

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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/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 propose 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)	

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SECTION 5				
Electronic Equipment Insurance				
(Only Equipments which are less than 10 years of old 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 manufacture	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 old 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 manufacture	Reinstatement Value
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:				

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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 functions	Date of Birth	Sum to be insured (Rs)

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

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.			

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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/No
4) Is the books of accounts are 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?	

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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/No
4) Is the books of accounts are 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.

DECLARATION

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I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Universal Sompo General Insurance Co. Ltd and I/We agree to accept a policy, subject to the conditions prescribed by Universal Sompo General Insurance Co. and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place:

Date:

Signature of Prosper:

SECTION 41 OF INSURANCE ACT, 1938

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 of risk relating to lives or property in India, any rebate of 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.