

**Directors' & Officers' Management Liability &
Company Reimbursement Insurance Policy**

PROPOSAL FORM

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Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide Raheja QBE with a full and frank disclosure of any and all facts that may be material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insureds you answer fully and accurately all of the questions contained in this proposal, that you provide Raheja QBE with any and all information that may be relevant, and you inform Raheja QBE in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with this obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to Raheja QBE.

If any intermediary is involved in the procurement of this policy, such intermediary shall be deemed to be Your agent, including for the purposes of the provision of information and the payment of premium.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

A. NOTICE TO THE PROPOSED INSURED PERSON(S) AND COMPANY

1. Claims Made Policy

This Proposal is for a "claims made" policy of insurance. This means that the Policy covers you for Claims first made against you and notified to Raheja QBE during the Period of Insurance. This Policy does not provide cover in relation to:

- events that occurred prior to the Continuous Cover Date of the Policy (if such a date is specified);
- Claims made after the expiry of the Period of Insurance even though the event giving rise to the Claim may have occurred during the Period of Insurance;
- Claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- Claims made, threatened or intimated against you prior to the commencement of the Period of Insurance;
- facts or circumstances of which you first became aware prior to the Period of Insurance, and which you knew or ought reasonably to have known had the potential to give rise to a Claim under this Policy;
- Claims arising out of circumstances noted on the Proposal Form for the current Period of Insurance or on any previous Proposal Form.

However, where you give notice in writing to Raheja QBE of any facts that might give rise to a Claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the Period of Insurance, the Policy will, subject to the terms and conditions, cover you notwithstanding that a Claim is only made after the expiry of the Period of Insurance.

Please note that the above exclusions are only illustrative and you must refer to the policy document for further details.



IMPORTANT

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (•) appropriate box to indicate answer.
- The proposed Insured Person will be referred to in this Proposal Form as "You" or "Your".

B. DETAILS OF COMPANY

(a) Name of the company or organization.

(Hereinafter referred to as the "Company" in this Proposal Form and in the Policy.)

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(b) Principal Address:

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(c) Date the Company commenced business:/...../..... .

(d) Principal business of the Company:

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(e) Is the Company? Listed Unlisted

(f) If listed, please detail the stock exchanges whereby the Company or its Subsidiary Companies are listed, below:

Country of Listing	Date of Listing	Amount Raised (Please provide currency)
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.....
.....

(g) GSTIN of your company :.....

EIA No _____

C. FINANCIAL POSITION AND PRACTICES OF THE COMPANY

(a) Is any proposed Insured Person aware of facts or circumstances that might affect the ability of the Company to meet all its debts as and when they fall due? YES NO

(b) Does the Company have any plans to remove or replace its external auditor in the next 12 months? YES NO

(c) Are any of Your significant accounting practices, including revenue recognition, anticipated to change in the next 13 months? YES NO

If You have answered Yes to any of the above, please elaborate:

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D. CAPITAL RAISINGS

- (a) Has the **Company** issued a prospectus or any other securities offering documents in the last twelve months? YES NO

If **Yes**, please provide a copy of the document.

E. SHAREHOLDER INFORMATION

- (a) Does any shareholder, or associated group of shareholders, own or control (directly or beneficially) more than ten percent (10%) of the share capital of the **Company**? YES NO

If **Yes**, please supply details of the shareholders and the percentage owned / controlled.

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F. MERGER, ACQUISITION OR TAKEOVER ACITIVITY

- (a) Is the **Company** considering any merger, acquisition, takeover or divesture proposal as present? YES NO
- (b) Is the **Company** subject to any takeover attempt, or has there been any attempted takeover of the **Company** in the last twelve (12) months? YES NO

If You have answered **Yes** to any of the above, please elaborate.

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G. NORTH AMERICAN OPERATIONS

- Does the **Company** conduct any business in the United States of America or Canada or their territories or protectorates? YES NO

If **Yes**, please provide the following details.

- (a) Total assets held in North America: _____
- (b) Total revenue generated from North America: _____

- Does the **Company** have any American Depository Receipts traded in the USA? YES NO

If yes, please provide the following details:

- (i) What level is the ADR?
- (ii) How many outstanding ADRs are there?

H. INSURANCE COVER

- (a) Does the **Company** presently carry or has the **Company** ever carried, Directors and Officers Liability Insurance? YES NO



RAHEJA QBE GENERAL INSURANCE CO. LTD.

If Yes, please supply details:

Insurer:

Expiry Date:

Limit of Liability:

Premium:

- (b) Has the Company or any proposed Insured Person ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? YES [] NO []

If Yes, please supply details.

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I. EMPLOYEE INFORMATION

- (a) Please complete the table below:

Table with 2 columns: USA/Canada, Excluding USA/Canada and 1 row: Number of Employees

- (b) Are all employment terminations reviewed prior to termination? YES [] NO []
(c) Do you have an employee handbook? YES [] NO []
(d) Do your employment procedures conform to local employment legislation? YES [] NO []

If you have answered No to any of the questions from (b) to (d), please elaborate:

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- (e) Are you anticipating any redundancies, early retirements or downsizing in the next twelve (12) months? YES [] NO []
(f) Have there been any Employment Related Matters or Claims in the last five (5) years? YES [] NO []

If you have answered Yes to any of the questions from (e) and (f), please elaborate:

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J. CLAIMS HISTORY OF DIRECTORS AND OFFICERS

After full enquiry,

- (a) Has there been or is there now any prior or pending Claim against any proposed Insured Person, in their capacity as a director or officer of either the Company or any other company, organization, association or



trust?

- (b) Has there been or is there now any prior or pending litigation against the Company or any proposed **Insured Person**? YES NO
- (c) Do any facts or circumstances exist that might give rise to a **Claim** against the Company or any proposed **Insured Person**? YES NO

If You have answered **Yes** to any of the above, please elaborate.

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K. CLAIMS HISTORY OF COMPANY

After full enquiry,

- (a) Has there been or is there now any prior or pending action, litigation or other proceeding against the **Company**? YES NO
- (b) Has there been or is there now any Prior or Pending Litigation, investigation, examination, inquiry or other proceedings in relation to the affairs of the **Company**? YES NO
- (c) Do any circumstances exist that might give rise to any event described under (a) or (b) above? YES NO

If You have answered **Yes** to any of the above, please elaborate.

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L. APPLICATION FOR COVER

- (a) Limit of Liability required:
- (b) Retention requested: (Each and Every Claim)

M. DECLARATION

I hereby declare and warrant on my behalf and on behalf of all those to be insured and after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with Raheja QBE.

Signed, Chairman: Date:/...../.....

Signed, Managing Director

/Chief Executive Officer: Date:/...../.....

Please enclose with this Proposal Form:

- (a) The last two (2) annual reports and financial statements (including audit report) of the Company.
- (b) The last interim statement of the Company (if applicable).



RAHEJA QBE GENERAL INSURANCE CO. LTD.

(c) Copy of the indemnity clause from the Company's Articles of Association.



RAHEJA QBE GENERAL INSURANCE CO. LTD.

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out renew or continue an insurance in respect of any kind of risks 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 published prospectus 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 Ten Lakh Rupees.

DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS

We _____ (Insured Named) hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account No. _____ with _____ (Name of the Bank) _____ (Bank Branch & IFSC Code).

.....
Place & Date

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Signature of the Insured

Please provide copy of a cancelled cheque if premium is paid through NEFT /ECS /RTGS

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application.

The following documents are accepted as:

Proof of Identity:	Proof of Address:
For Individuals	
1. Passport 2. PAN Card 3. Driver's License 4. Voter's Identity Card 5. Letter from Recognized Public Authority	1. Telephone/Mobile bill not older than six months on the date of commencement of insurance 2. Bank A/c Statement with Residential address not older than six months on the date of commencement 3. Electricity Bill 4. Ration Card 5. Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk 6. Employer's Certificate 7. Letter from Recognized Public Authority
For Companies	
1. Certificate of Incorporation and Memorandum and Articles of Association. 2. Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account. 3. Power of Attorney granted to its managers, officers or employees to transact business on its behalf. 4. Copy of PAN allotment letter	
For Partnership Firms	
1. Registration Certificate 2. Partnership Deed 3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf. 4. An officially valid document identifying the partners and the persons holding the Power of Attorney and their address.	
For Trusts and Foundations	
1. Certificate of registration, if registered. 2. Power of Attorney granted to transact business on its behalf. 3. Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/directors and their address. 4. Resolution of the founding body of the foundation/trust/association.	

Please note that this is not an exhaustive list. If you do not have any of these documents please contact your Agent/Broker/ nearest Raheja QBE Office or call our Toll Free Number 1800 - 102 - 7723