

**Directors & Officers' Management Liability
and Company reimbursement Insurance**

Excess 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 RQBE may issue to you. You are obliged not to misrepresent any fact or matter disclosed and to provide RQBE with a full and frank disclosure of any and all facts that may be material to RQBE'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 RQBE with any and all information that may be relevant, and you inform RQBE 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 ab initio. 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 RQBE.

Raheja QBE is under no obligation to accept any proposal for insurance. If RQBE 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" excess policy of insurance. This means that the Policy covers you for Claims made against you and notified to RQBE during the Period of Cover after the Limit of Indemnity of the applicable Primary and/or Underlying Policy or Policies has been exhausted and only up to the Limit of Indemnity of this Policy. 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 Cover 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 Cover;
- facts or circumstances of which you first became aware prior to the Period of Cover, 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 Cover or on any previous Proposal Form.

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 APPLICANT

(a) Name of the Company or Organization.

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

(b) Communication Address:

Permanent Address

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(c) Email id of the Insured :

(d) Mobile no. of the Insured :

(e) Bank account details :

Account no.

Account Type(Saving/Current)

Name of the Bank & Branch.....

MICR Code(9 digit)

IFSC Code (11 character code)

(f) Nomination details:

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	____%	____%	____%	____%
Relation with the Insured				

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East, Mumbai, Maharashtra 400059

UIN: IRDAN141RP0005V02201011

Tel: +91 22 022-69155050 Website: www.rahejaqbe.co Email: customer@rahejaqbe.com

Corporate Identity Number: U66030MH2007PLC173129 IRDA Reg. No. 141

Mobile No.				
Email ID				
Present Address				
Permanent Address				
Details of authorised person in case if the nominee is a minor-				

Bank account details of the nominee

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Account no.:				
Account Type-Saving/Current:				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

(g) Date the **Company** commenced business:/...../.....

(h) Principal business of the **Company**:

(i) Is the Company? Listed ☐ Unlisted ☐

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

a. Country of Listing	Date of Listing	Amount Raised
		i. (Please provide currency)
b.		
c.		
d.		

(k) Do you wish to avail a physical copy of your policy documents? ☐ Yes ☐ 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 YES ☐ NO ☐ when they fall due?

- (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 divestiture 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
(c) 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 ☐

Details of the Primary and/or Underlying Policy or Policies

Insurer:

Expiry Date:

Limit of Liability:

Premium:

Other terms and conditions:

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

Yes, please supply details:

Insurer:

Expiry Date:

Limit of Liability:

Premium:

I. EMPLOYEE INFORMATION

(a) Please complete the table below:

	Location of Employees	
	USA/Canada	Excluding USA/Canada
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? YES ☐ NO ☐

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

N. DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

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 RQBE.

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material

particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO

If yes, please give details:.....

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate.

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract

Data protection requirement

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

Sharing of information clause

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed

to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

Name of Proposer _____ Name of Witness _____

Signature of Proposer _____ Signature of Witness _____

Date: _____ Place: _____

Relationship with Proposer: _____

Address of Witness: _____

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

Raheja QBE General Insurance Company Ltd.
**5th Floor, A Wing, Fulcrum, IA Project Road,
Sahar, Andheri East, Mumbai - 400059**

Your Insurance Adviser or Broker

PROHIBITION OF REBATES

(Under Section 41 of the Insurance Act, 1938)

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.

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East, Mumbai, Maharashtra 400059

UIN: IRDAN141RP0005V02201011

Tel: +91 22 022-69155050 Website: www.rahejaqbe.co Email: customer@rahejaqbe.com

Corporate Identity Number: U66030MH2007PLC173129 IRDA Reg. No. 141