

INDUSIND DIRECTOR'S AND OFFICER'S LIABILITY - PROPOSAL FORM

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received by the Company.)

Please answer questions in full. If there is not enough space in the proposal form, please provide detailed information in the appendix to the proposal form signed equally by the persons signing the proposal form.

Note:

- This application is confidential and signing this form does not bind the applicant to complete this insurance.
- Your Director's and Officer's Insurance Policy will be issued on a CLAIMS MADE basis.

Other Information Please enclose following Documents with proposal form:

- Latest Audited Financials along with Auditor's Report.
- Share holding pattern as on date.
- Any securities registration statements filed with the local government agency during the last 2 years.
- Any other periodic reports which are required to be filed with the local government agency that regulates securities during the last 12 months.
- KYC Document.

1. PROPOSER'S BASIC INFORMATION: (To be filled in BLOCK LETTERS)			
i. Name of the Proposer	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	F I R S T	M I D D L E L A S T
ii. Web site address			
iii. Registered office address			
Flat/Building	Road/Street / Sector		
Area	City		
Pin Code	State		
Country			
Phone	Mobile		
iv. Date when Proposer commenced business			
v. Business activities of Proposer			
vi. Source of Funds	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others		
vii. Monthly Income	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above		
viii. PAN No.:	ix. UID Aadhaar No.		
x. Do you have a GST Registration Number	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. PROPOSER'S BANK INFORMATION:			
i. Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	F I R S T	M I D D L E L A S T
ii. Bank Account No.:	iii. Account:	<input type="checkbox"/> Saving <input type="checkbox"/> Current	
iv. Name of the Bank			



v. Branch	
vi) MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	
vii) IFSC Code (11 character code appearing on your cheque leaf)	
I Wish: <input type="checkbox"/> Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*	
*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.	

3. PROPOSER'S BANK DETAILS

i. Does the Proposer or any of its Director and Officer has any Director's and Officer's policy in Force	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please share:	
Insurer Name	
Limit of Liability	
Retention	
Premium	
Expiring Date	DD / MM / YYYY
Retro Active Date	DD / MM / YYYY
if "No", please share	
Proposed Limit of Liability	
ii. Has any Insurer reject, canceled or refused to renew the similar coverage's in past	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please share the details	

4. MATERIAL CHANGES INFORMATION:

i. During last 12 months has	
a) The name of proposer changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Any merger or acquisition occurred including proposer and its subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Any form of change in capital structure including management buy out, leveraged buyout?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Any subsidiaries sold or ceased activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" for any of above; please give details	



5. FUTURE TRANSACTION INFORMATION:

i. During next 12 months

- a) Is proposer or any subsidiary planning any acquisition, merger, buy-out or other change in equity structure? Yes No
- b) Is proposer or any subsidiary has any knowledge about any acquisition, merger, Buy-out of itself by other company Yes No
- c) Is proposer considering any Initial Public offer (Debt/Equity) or any change in listing status of existing securities? Yes No

If "Yes", please share the details

6. OUTSIDE ENTITY DIRECTOR INFORMATION:

- i. Is any representative of proposer assumed and maintain the position of Director, officer, trustee, governor, council or the holder of an equivalent position of a company or other entity which is not a Subsidiary company of the Principal Organisation declared, with the knowledge and consent or at the request of an organisation to any outside entity Yes No

If "Yes", please share the details

Name of Entity	Nature of activities	Country of Incorporation	Directors and Officers insurance

7. LISTING INFORMATION:

- i. Is proposer listed in any of stock exchange? Yes No
- ii. Is any Subsidiary of Proposer stated Listed in any of stock exchange? Yes No

If "Yes" to the question 7(i) or 7(ii) than please share details for both proposer and its subsidiaries separately.

Name of entities	Relation with Proposer	Percentage held by proposer	Registered Country	Name of Exchange	Types of Listing (Direct, ADR, GDR, OTC)	Type of Securities	Market Cap (In crores)



8. INTERNAL AUDITOR'S INFORMATION

i. Does the proposer have internal auditor team in place? Yes No

If "Yes", please share

a) Internal auditors team consist how many member?

b) Out of total members how many members are independent directors?

c) Does an internal auditors committee meet 4 times in a year? Yes No

d) Has any member of the internal audit committee resigned or been replaced within the past twelve months? Yes No

If "Yes" to the question no 8(i)(d) the please give details

9. EXTERNAL AUDITOR'S INFORMATION:

i. Has the Proposer changed its external auditing firm in the past five years? Yes No

If "Yes", why and when?

ii. Does the Proposer have any plans to remove or replace its external auditor in the next 12 months? Yes No

If "Yes", why and to whom?

iii. Has the Proposer's external auditor's recommended significant change to the accounting practices in the past 24 months? Yes No

If "Yes", why?

iv. Has the Proposer changed its revenue recognition or other significant accounting practices in the past 24 months? Yes No

If "Yes", what was the reason?

v. Does the Proposer plan to take a significant one time charge to earnings, or restate earnings, within the next 12 months? Yes No

If "Yes", why?



10. USA EXPOSURE INFORMATION:

i. Is proposer or any of its subsidiaries listed in USA or is there any plan to list securities of the proposer or any of its subsidiaries in the USA with in next 12 months? Yes No

ii. Please state total gross assets in the United States

iii. Do the proposer's internal audit committee structure and/or procedures comply with U.S. statutes, rules or regulations regarding internal audit committees? Yes No

iv. Is the proposer's financial statement required to be consolidated, or reconciled, in accordance with U.S. Generally Accepted Accounting Principles (GAAP) Yes No

v. If "Yes" for above question, are the Proposer's financial statements, generally, in accordance with US GAAP? Yes No

vi. Is the U.S. SEC or U.S. IRS presently investigation or requesting information from the Proposer or any director or officer of the Proposer? Yes No

If "Yes", please provide details.

10. USA EXPOSURE INFORMATION:

i. Does the proposer have a Human Resource Department? If "Yes", how many employees are there in this department? If "No", how is the function handled?

ii. Share the Split of Head count Geographical wise

Country	Employee Head Count
India	
USA	
Canada	
Rest of the world	
Countries	Employee Head Count

iii. How many officers and other employees have resigned, been terminated (with or without cause) or have taken early retirement within the las 24 months:

Sr. No.	Class of Employee	Count
1		
2		
3		



iv. Does the Proposer have a written human resources manual or equivalent written management guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Is the Proposer currently undergoing, or does the Proposer contemplate undergoing during the next 12 months, any from any type of company restructuring office, plant, or store closure? If "Yes", please attach full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Please provide on a separate attachment full details of all wrongful termination, discrimination and sexual harassment claims made against the proposer of any of its directors, officers or employees during the five years including amounts of any judgments or settlements and costs of defence? If no such claim, please tick on NO.	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Please provide on a separate attachment full details of all inquiries, investigation, grievances filings or other administrative hearings previously filed with or currently before any local or government agency governing employer responsibility to employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Are there now or have been any employment practices claim(s) against the proposer or any of its subsidiaries? If "Yes", please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
ix. Does the Proposer have an employee handbook which is distributed to all employees? If "Yes", please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12. CLAIMS INFORMATION:

i. Has there been or is there now pending any claim(s) or actions against or investigation(s) of: (I) the Company thereof; and/or (ii) any person proposed for insurance in his or her capacity as a director and officer of any Company? If yes, for the above question please provide details in separate annexure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Does any Directors or Officers of the Company, the General Council (or equivalent person) of the Company and the risk manager of the company have any knowledge or information of any act, error or omission which could reasonably give rise to a claim, investigation or action under the proposed policy, except as follows: (attach complete details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is agreed that with respect to question 12(i) and 12(ii) above, that if such claim, proceeding, action, knowledge, information or involvement exists, then such claim, proceeding or action and any claim or action arising from such claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.	

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the name and relation and the position held by such close relative/family member.	
I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.	



Note :

"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 (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION:

I/We declare on behalf of all proposer's, after inquiry, that the statements and particulars in this supplemental proposal are true and to the best of my/our knowledge and no material facts have been misstated or suppressed. I/We agree that any information submitted therewith and any and all other information supplied or requested in this proposal form, along with any attachment, shall form the basis of any Contract of Insurance effected thereon. I/We further undertake to inform the Company of any material alteration to any information, statements, representations or facts re-presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy. A material fact is one which would influence the acceptance or assessment of the risk. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. The Company has right to cancel the insurance contract in case I/We 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. I/We understand that the Company has the right to call for any further documents to establish the sources of funds. I further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Name: _____

Designation: _____

Place: _____

Date: _____

Signature

Proposal form has to be signed by one of the following (CEO / CFO / CS / Board Member)



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

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 of 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 published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

