

## SURAKSHA PRO D&amp;O INSURANCE

## PROPOSAL FORM

## INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. The liability of the Company does not commence until the Proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.
3. Coverage is as per the terms and conditions of our Standard Policy Wordings. Please note that this is a Claims Made policy. Accordingly, the Company will only cover the Insured in respect of Claims which are first made against the Insured during the Policy Period and reported to the Company during the Policy Period. The Company does not assume any duty to defend.
4. The Policy shall become void at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, mis-declaration, misdescription or non-description, fraud, failure to disclose or suppression of any material facts in response to the questions in the Proposal form or on non-disclosure of any material particular

## For Office Use

Policy Issuing Office Address & Code		
Intermediary/Agent Name & Code (if any)		
Period of Insurance	From ../.. hrs of ../.. till midnight of ../..	
RM/SP Code:	RM/SP Name:	RM/SP Contact no:
Agreement Code:	Agreement Name:	Inspection Lead no:
Inward no:	Quote no:	Receipt no:
Receipt date:		

## PROPOSER DETAILS

1	Insured Organisation	
2	Communication Address	
	Pincode:	
	Phone No:	

3	Website address		
4	Date of Incorporation		
5	Business Activity of the Insured Organisation and its Subsidiaries		
6	List of Subsidiaries		
7	Is the Organisation a Subsidiary of another Organisation ?		
	If "Yes" please provide details		
	PAN*: xxxxxxxxx □ □ / Form 60/61 (if Available): □ Aadhaar Card No.: xxxxxxxxx □ □ □ □		
<b>MATERIAL CHANGES</b>			
8	During the past five years has		
	(a) The name of the Organisation been changed?	( ) Yes	( ) No
	(b) Has the Organisation sold, acquired or merged with another Organisation or disposed of any assets?	( ) Yes	( ) No
	(c) Has the capital structure of the Organisation changed?	( ) Yes	( ) No
	If "YES" has been answered to any of the above, please give full details.		
9	Is the Organisation		
	(a) Considering any acquisitions, mergers or is there any asset disposal pending or under consideration?	( ) Yes	( ) No
	(b) Intending a new public offering of securities within the next 12 months?	( ) Yes	( ) No
	If "YES" has been answered to any of the above, please give full details		
10	Has the Organisation changed its external auditor in the last 3 years or intending to change their external auditor in the next 12 months?	( ) Yes	( ) No
	if Yes , Please provide Details		
11	Has the Organisation ever re-stated its financial results or is it intending to re-state its financial results in the next 12 months?	( ) Yes	( ) No
	If "Yes" please provide details		
<b>SHARE HOLDING</b>			
12	Is the Organisation		
	a . Private ?	d . Not for Profit ?	
	b. Public Listed?	e . Public Unlisted ?	
	c. Government Owned?	f . Other (Please Specify )?	

13	Is the Organisation Is the Company or any of its subsidiaries listed on any stock exchanges or any organised markets?	( ) Yes ( ) No
	If "Yes" please provide details	
14	Please list	
	(a) Total number of shareholders	
	(b) Total number of shares issued	
	(c) Total number of shares held by Directors and Officers (both direct and beneficial)	
	(d) Name and percentage of any shareholder owning 5% or more of the Ordinary Share Capital of the Organisation	
15	Please give details of any change to the list of directors and officers given in the Organisation 's last Annual Report and Accounts	
<b>USA CANADA EXPOSURE</b>		
16	Does the Organisation or any of its subsidiaries:	
	(a) have any assets, operations or employees in;	( ) Yes ( ) No
	(b) conduct business in;	( ) Yes ( ) No
	(c) have representation in (including but not limited to local offices or any person holding a power of attorney on behalf of the Organisation or its subsidiaries), the United States of America or Canada?	( ) Yes ( ) No
	If 'Yes', please provide details:	
17	14. Does the Organisation or any of its subsidiaries:	
	(a) Have any stock, shares or debentures in North America?	( ) Yes ( ) No
	(b) Have any debt or equity instruments or commercial paper in North America?	( ) Yes ( ) No
	If 'Yes', please provide details:	
<b>CLAIM</b>		
18	Has there been or is there pending any claim against any past or present director or officer in their capacity as such (whether in relation to the activities of the Organisation or its past or current subsidiaries or any other Organisation in which the directors or officers hold or have held office)?	( ) Yes ( ) No
19	Has there been or is there pending any civil, criminal or regulatory proceeding or investigation or inquiry against any past or present director or officer in their capacity as such (whether in relation to the activities of the Organisation or its past or current subsidiaries or any other Organisation in which the directors or officers hold or have held office)?	( ) Yes ( ) No
	If you have answered 'Yes' to either question 18 or 19, please provide details:	

20	Has there been any fine or penalty imposed against the Organisation or it past or present subsidiaries or any past or present director or officer in the past 5 years?		( ) Yes ( ) No	
	If 'Yes' please provide details:			
21	After enquiry, is any director or officer of the Organisation or its subsidiaries, aware of any act, error, omission, conduct, fact, event, matter or circumstances:			
	(a) which might give rise to a claim under the proposed insurance or lead to a civil or criminal proceeding or official investigation or inquiry against any director or officer ?		( ) Yes ( ) No	
	(b) which might give rise to an official investigation, inquiry or other proceeding in connection with the affairs of the Organisation or any of its past or present subsidiaries?		( ) Yes ( ) No	
	(c) which has been or should have been the subject of written notification under any policy or indemnity which this proposed Directors and Officers Liability Insurance is a direct or indirect renewal of?		( ) Yes ( ) No	
	If 'Yes' to a, b or c please provide details:			
<b>EMPLOYMENT</b>				
22	Total Number of Employees	India		
		USA/Canada		
		ROW		
		Total		
23	Does the Organisation			
	a. Maintain a written manual of its human resource procedures?		( ) Yes ( ) No	
	b. Have a written policy against discrimination, including sexual harassment?		( ) Yes ( ) No	
<b>INSURANCE HISTORY</b>				
24	Does the Organisation or any director or officer presently have any Directors and Officers Liability insurance in force?		( ) Yes ( ) No	
	If 'Yes', please provide the following details:			
	Insurer	Limit of Liability	Period	Premium
25	Has any insurer in respect to any insurance held by the Organisation:			
	(a) Declined a proposal, refused renewal or terminated an insurance?		( ) Yes ( ) No	
	(b) Required an increased premium or imposed special conditions?		( ) Yes ( ) No	
	If 'Yes', please provide details:			

INSURANCE REQUIREMENT			
26	Limit of Liability Required – INR		
	Insuring Clause 1 & 2	Director and officer	
	Insuring Clause 3	Organisation Securities Coverage	
	Insuring Clause 4	Organisation Employment Practices Claim	
27	Retention	INR	
	Insuring Clause 2	Director and officer	
	Insuring Clause 3	Organisation Securities Coverage	
	Insuring Clause 4	Organisation Employment Practices Claim	

## OTHER INFORMATION

As an attachment to this Proposal Form, please include the following (where applicable):

1. Most recent Report and Accounts, Annual Report, and/or Form 20-F filing with the USA regulatory authorities (if applicable).
2. Latest available interim financial statements.
3. The notice to shareholders and proxy statement for both the last and next scheduled annual meeting.
4. Most recent prospectus, Form F-1 and/or Form F-6 filing with the USA regulatory authorities (if applicable).

I/We desire to effect an insurance in terms of the Directors & Officers Liability Insurance policy of the Company against the Limit of Indemnity mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Place:

Date: DD-MM-YYYY

Proposer's Signature  
with company stamp

Name of Proposer

Designation of proposer

#### Declaration:

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.

- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.
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**Politically Exposed Person (PEP) declaration**

I hereby declare that I am not a Politically Exposed Person (PEP)- Yes ☐ No ☐

**ELECTRONIC INSURANCE ACCOUNTS DETAILS**

I would like to have Suraksha Pro D&O Insurance policy related information in	Physical Format <input type="checkbox"/> e-Format (electronic) <input type="checkbox"/>
I have eIA Number	
I would like to apply for eIA with	NSDL Data Management <input type="checkbox"/> CSDL Insurance Repository Ltd <input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CAMS Repository Services Ltd <input type="checkbox"/>
CKYC No (Central Know Your Customer Registry Number), (if available)	

Kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

**AML GUIDELINES**  
**(Premium Payment shall be made by the Policyholder of the Policy)**

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. I/We understand that the Company has the right to call for documents to establish source of funds. 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 statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ /Non-Indian ☐

If Non-Indian, please specify Country: \_\_\_\_\_

Type of Organization (Only applicable if policy is issued in group basis):

Corporations <input type="checkbox"/>	Governments <input type="checkbox"/>	Non-Governmental Organizations <input type="checkbox"/>
Society <input type="checkbox"/>	Trust <input type="checkbox"/>	International Organization <input type="checkbox"/>
Partnership <input type="checkbox"/>	Cooperatives <input type="checkbox"/>	Section 8 Companies <input type="checkbox"/>

I hereby declare that the current address is different from the available in the Central identities Data Repository. ☐ Yes ☐ No. Customer can submit CKYC form for updation.

Recent photograph of proposer:  
(Photograph is required. if customer does not have CKYC ID)



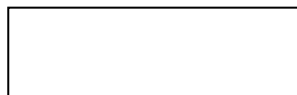
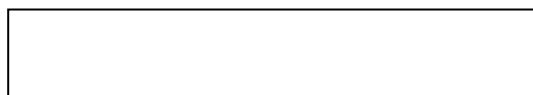
Signature of Proposer

### VERNACULAR DECLARATION

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, \_\_\_\_\_ (Full name of the witness) \_\_\_\_\_

(Relation with the Proposer/Primary insured) \_\_\_\_\_ adult and inhabitant of (city) and residing at \_\_\_\_\_ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured  
Proposer/Primary.

Signature/Thumb impression of the

Date: 

DD	MM	YY
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Place: \_\_\_\_\_

**AGENT DECLARATION**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Agent Name:

SP Name:

SP Code:

License No.: \_\_\_\_\_

Signature of Agent

Date: 

DD	MM	YY
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Place: \_\_\_\_\_

**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 prospectuses 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 10 Lakh rupees.

**INSURANCE IS THE SUBJECT MATTER OF SOLICITATION**