# PROPOSAL FORM EMPLOYMENT PRACTICES LIABILITY INSURANCE

Intermediary Type Agent / Broker / Direct

Intermediary Name

Intermediary Code

MO Name

MO Employee ID

Branch Name

**GUIDELINES FOR COMPLETION OF THE FORM**

Please answer all questions in this proposal form completely and accurately on behalf of all persons to be insured. Where any question does not apply, please mention 'NA' where 'Not Applicable' only. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

- ICICI Lombard General Insurance Company Limited (ILGIC) is under no obligation to accept any proposal for insurance. If ILGIC accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.
- Please note that the insurance is not effective until the proposal is accepted by ILGIC and premium received.
- If additional space is required to provide relevant information, whether as requested or otherwise in or along with this proposal form, please attach a separate sheet to this proposal form and return it to ILGIC.
- If there is any change in the information provided in the proposal form or otherwise before the date on which the policy is issued, please intimate ILGIC immediately.
- Please seek the advice of your insurance advisor or agent if you are unclear about any of the policy terms and conditions.

It is agreed and understood that information provided in this proposal form and documents submitted along with the proposal form will be the basis of any subsequent insurance policy that may be issued to you by ILGIC. You shall provide ILGIC with a full and frank disclosure of any and all facts that may be material to ILGIC's decision to grant a policy or the terms upon which it should be granted. If you fail to do so, it may result in the rejection of a claim and/or the avoidance of the policy.

## GENERAL INFORMATION

Name of the proposer

Name of the policyholder

Address

City / Town / Village

State Pin Code

Phone No. Fax Number

E-Mail Address

Website

Contact Person

Proposed Limit of Liability

Proposed Policy Period

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

Yes No

If yes, please give details (Nature of relationship and position held by PEP):_____

**Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

## PROFESSIONAL SERVICES

Please provide in detail the Professional services of the Policyholder

| Sr. No. | Name of Subsidiary | Country of Incorporation | Policyholder's shareholding in the subsidiary(%) | Professional Services |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Year Established ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Total Number of Employees ☐☐☐☐☐☐☐☐

Please provide the following details about the subsidiaries

Please append an additional sheet if required

Please provide the Company's consolidated fee income by geographical segments

| | Last Completed Year | Current Year Estimate | Forthcoming Year Estimate |
|---|---|---|---|
| Year End | | | |
| India | | | |
| Europe | | | |
| USA / Canada | | | |
| Rest of the World | | | |
| **Total** | | | |

Is the Company currently undertaking or contemplating any of the following in the next 12 months

| | |
|---|---|
| • Merger or Acquisition | ☐ YES ☐ NO |
| • Employee Layoffs | ☐ YES ☐ NO |

If the company has employees located In USA or Canada, please provide the following details

| State | Full Time Employees | Part Time Employees | Temporary Employees |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Please state the percentage of employees in the following annual payroll ranges

- Greater than INR 5,000,000 per annum ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## EMPLOYMENT PRACTICES PROCEDURES

| | |
|---|---|
| Do all employees have a signed contract of Employment? | ☐ YES ☐ NO |

If 'No', please state exceptions _____

| | |
|---|---|
| Does the Company have a HR Department? | ☐ YES ☐ NO |

*If Yes, How many people form a part of this department?* _____

*If No, how is this function handled?* _____

| | |
|---|---|
| Does the company have a written HR manual? | ☐ YES ☐ NO |

Does the Manual address the following?

| | |
|---|---|
| • Written application for employment? | ☐ YES ☐ NO |
| • Legally prohibited discrimination? | ☐ YES ☐ NO |
| • Compliance with employment related laws? | ☐ YES ☐ NO |
| • Redundancies? | ☐ YES ☐ NO |
| • Termination of employment? | ☐ YES ☐ NO |
| • Appraisals? | ☐ YES ☐ NO |
| • Sexual harassment? | ☐ YES ☐ NO |
| • Employee disciplinary actions? | ☐ YES ☐ NO |
| • Procedures to facilitate resolution of a complaint registered by an employee? | ☐ YES ☐ NO |
| Does the Company have policies or procedures outlining employee conduct when dealing with persons outside of the Company's direction or control? | ☐ YES ☐ NO |

## CLAIMS INFORMATION

| | |
|---|---|
| Is there any existing claims sustained by the Company? | ☐ YES ☐ NO |

*If 'Yes', please provide details for at least the past 5 years*

| Nature of Claim | Amount of Loss | Current Status | Remedial Measures |
|---|---|---|---|
| | | | |
| | | | |

| | |
|---|---|
| Is any person proposed for cover aware of any facts or circumstances which might afford grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s)? | ☐ YES ☐ NO |

*If 'Yes', please provide details:*

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

## DOCUMENTS REQUIRED

Please provide copies of the following documents to ICICI Lombard General Insurance Company

- Expiring EPL Policy Copy (If it is not ILGIC policy)
- Most recent financial statements

## DECLARATION

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 proposal form and the accompanying documentation submitted shall form the basis of the contract proposed between me and ICICI Lombard General Insurance Company Limited

Place :

Date : D D / M M / Y Y Y Y

Designation

Authorized Signatory Signature & Stamp

## DECLARATION

I/We hereby give my/our consent to 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 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 proposal form and the accompanying documentation submitted shall form the basis of the contract proposed between me and ICICI Lombard General Insurance Company Limited

I/We understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place :

Date : D D / M M / Y Y Y Y

Designation

Authorized Signatory Signature & Stamp

## STATUTORY WARNING

### PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

(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:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.