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

Do you wish to avail policy documents in physical form Yes No

Nominee Name

Relationship with the Insured

Mobile No. Email ID

Present & Permanent Address

Authorized person for Minor Nominee

Bank Details

Details of Multiple/Other insurance covering same risks with any other Insurance Company: _____

_____

_____

Type of Proposer ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others _____

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
- Greater than INR 2,500,000 per annum

In the last 12 months, how many employees have

- Resigned
- Voluntarily Retired
- Been Laid off
- Terminated

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

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

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 ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and 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 correctly recorded the answers given by the proposer and that the proposer has fixed 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.

Name of the Proposer

Name of the Witness

Signature of Proposer

Signature of Witness

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

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.