PROPOSAL FORM DIRECTORS AND OFFICERS LIABILITY INSURANCE

Intermediary Type Agent / Broker / Direct Intermediary Name _____
Intermediary Code _____
RM Name _____ RM 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'. 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 _____

_____

Contact Number

Email Address

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 risk with any other Insurance Company

Type of Proposer Individual MSME/SME Partnership Firm Company 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.*

BUSINESS INFORMATION

Please provide the business activities of the policyholder and its subsidiaries (if any)

No.	Name of Subsidiary	Country of Incorporation	Percentage of policyholder's shareholding in the subsidiary
1			
2			
3			

Please provide the list of subsidiaries

Please append an additional sheet if required

- Has there been any merger, amalgamation or acquisition in the past 3 years? YES NO
- Has there been any name change in the past 3 years? YES NO

If yes to any of the questions above, please explain.

- Please provide details of listing for Securities

Name of Company	Security	Stock Exchange

- Please provide the details of top 5 shareholders with their shareholding percentage

Shareholder	Shareholding Percentage

Please provide the total number of employees for the policyholder & subsidiaries & the breakdown of the employees as follows

Country	Number of employees
India	
Europe	
USA/ Canada	
Rest of the World	
Total	

Employment Policies and Practices. Does the policyholder

- Have a full time Human Resources manager or department
  YES NO If 'No', how is this function handled?

- Provide formal training for its supervisors in administering Human Resources procedures
  YES NO
- Distribute the employee handbook to all employees
  YES NO
  - If 'Yes', please attach a copy
  - If 'No', or the employee handbook does not detail the procedures concerned in questions d to f below please attach details of how such policies or procedures are communicated

- Have a written policy against discrimination, including sexual harassment
  YES NO

- Have an established termination procedure
  YES NO

- Use an employment application for all applicants YES NO
  If 'No', please explain method of application _____

Details of any existing D&O Policy

- Policy Period _____
- Limit of Liability _____
- Insurer _____

CLAIMS INFORMATION

Is there any cases against the Directors and Officers of the policyholder / subsidiaries in the past 3 years?

YES NO

If 'Yes', please provide details

Nature of Claim	Amount of Loss	Current Status	Remedial Measures

Please provide details of settlement (if any)

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

Is it agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage. YES NO

DOCUMENTS REQUIRED

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

- Latest Annual Report
- Expiring D&O Policy Copy (If it is not ILGIC policy)

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

Relationship with Proposer

Address of Witness

Date:

Place: Signature of the Proposer Signature of the Witness

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/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.

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

Date_____ Place_____

Name _____ Signature of Authorized Signatory & Stamp

Designation - _____

(Chairperson or Board Member or MD or CFO)

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre 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 cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name:
Code/Functional Identity:
Contact No. of the branch:
Email ID of the branch:
Branch/Office:

STATUTORY WARNING: PROHIBITION OF REBATES (SECTION 41) OF THE 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.

*For complete details on coverage, Terms & conditions & exclusions, please refer to Policy Wordings (available on request)