ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED
FINANCIAL SERVICES /INSTITUTIONS PROFESSIONAL INDEMNITY INSURANCE

For Official Use Only

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'. 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 _____ Website

Contact Person

Proposed Limit of Liability

Proposed Policy Period

Details of any existing Professional Indemnity insurance covers

- Insurer
- Limit of Liability
- Policy Period

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.*

PROFESSIONAL SERVICES

Please provide in detail the Professional services of the Policyholder

Year Established _____ Total Number of Employees

Please provide the following details about the subsidiaries

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

Please append an additional sheet if required

Have the policyholder and subsidiary's professional services changed in the past 3 years or do you anticipate any major changes in these services in the forthcoming twelve months YES NO

If 'Yes' please provide full details

Please provide the following details of the five largest clients:

Client	Professional Services Rendered	Total Contract Value

Please provide the policyholder and subsidiary'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			

Please advise the following as an approximate percentage of policyholder and subsidiary's income during the last financial year?

Activities	Activities	Percentage
Loans	Retail Loans	
	Commercial Loans	
	Interbank Loans	
Trading Finance		
Securities trading/dealing	Execution	
	Advisory	
Trading/Dealing	Commodities	
	Derivatives or specialist trading/dealing	
Structured Financial Product Advise		
Securities broker/dealer		
Custodian/depositor or managing agent for securities or money		
Corporate Advisory	Equity Issuance	
	Debt Issuance	
	M&A Advisory	
	Debt Capital Raising	
Trust services (administration of trusts, estates or Guardianships)		
Funds Management		
Investment Advisory		
Acting as a dividend disbursement agent, redemption or subscription agent, warrant or script agent, fixed or paying agent, tax withholding agent, escrow agent, registrar, transfer agent or clearing agent		
Tax planning and/or tax advisor to trusts, estates and individuals		
Real estate broker, or providing surveying or conveyancing services		
Sale of traveler cheques, certified cheques or money orders, or administration or sale of credit cards, or credit card services		
Leasing		
Foreign exchange		
Others (Please Specify)		
Total	**Total**	**100%**

INVESTMENT BANKING

With regards to Investment Banking activities, please provide the following:

- Average Deal Size
- Average Fee Income
- Number of Transactions
- Total fee income

With Regards to Mergers and Acquisitions advisory, please describe how confidentiality of any information received from the client maintained?

Do the policyholder and subsidiaries conduct their own Due Diligence?
YES NO

TRADING

With regards to Trading activities, please provide the following:

- Average Trade Size
- Annual Trading Volume

Please specify the breakup of the policyholder and subsidiary's fee income:

- Securities
- Debt Instruments
- Commodities
- Derivative instruments

Are trading positions and transactions reviewed daily for compliance with trading policies? YES NO

Do the policyholder and subsidiaries maintain written authorization files for each trader which detail: limits, products and
counter-parties? YES NO

Are these authorizations validated in the Computer systems of the policyholder and subsidiaries? YES NO

LEGAL

Does the policyholder and subsidiaries have written contracts or agreements with all clients? YES NO

If 'No', does legal counsel review all customized contracts or agreements & marketing materials prior to release?
YES NO

Do all contracts or agreements with clients fully describe the scope of services to be provided? YES NO

Do all contracts or agreements include how any disputes between the Company and the clients will be handled?
YES NO

Please tick the correct option form below for the Company's Hold harmless or indemnity agreements:

They inure to the Company's benefit
They inure to the Company's client's benefits
They are mutual

Do all the Company's contracts or agreements carry a Limitation of Liability clause? YES NO

Do all the Company's contracts or agreements carry Guaranties or Warranties?
YES NO

Does the Company negotiate contracts or agreements in which it accepts liability for consequential damages?
YES NO

What is the value of average contract or agreement? What is
the average tenure of contract or agreement?

SUB-CONTRACTORS

Does the Company sub-contract any Professional Services? YES NO

If 'Yes':

What type of work is sub-contracted?

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED | FINANCIAL INSTITUTIONS PROFESSIONAL INDEMNITY INSURANCE POLICY

What percentage of total work is subcontracted?

Do you require Sub-contractors to maintain a Professional Indemnity Policy? YES NO

Do you require cover for claims made against sub-contractors under this policy?

YES NO

CLAIMS INFORMATION

Is there any existing or pending claim against the policyholder / subsidiaries in the past 3 years YES NO

If 'Yes', please provide details for at least the past 3 years

Nature of Claim	Amount of Loss	Current Status	Remedial Measures

Please provide details of settlement (if any, in the past 3 years)

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

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 Professional Indemnity Policy Copy (If it is not ILGIC policy)
- Specimen Contract Copy

DECLARATION

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the entity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the rpose 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 –

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)