

10f) Are there any other securities convertible to voting shares? Yes No

If yes, please describe fully :

11) Please list all direct and indirect subsidiary companies :

Company Name	Business of type of organization	% of ownership	Date acquired or Created	Country of Incorporation
		%		
		%		
		%		
		%		
		%		
		%		
		%		

12) Has the Applicant been involved in a merger or acquisition over the last 10 years?:

Yes No

If "Yes", please provide details.

13) Please advise the number of staff in the following categories:

Partners or directors	
Professional / technical staff	
Sales and marketing	
Administration / support staff	
Other staff (please specify)	

14) Actual & Estimated revenue

Location	Prior Year Revenue (In Crores)	Current Year Revenue (In Crores)	Next Year Projected Revenue (In Crores)
USA/Canada/Australia			
Europe			
India			
ROW			

15	Underwriting Question for the Insured	Insured's Response
1.	General	
15.1.	What does the Insured consider to be the key risk areas on this transaction arising from the diligence undertaken, including without limitation in relation to commercial, operational, financial, release estate, environmental insurance, tax and legal perspective?	
15.2	a) What is your view on the thoroughness of the content of the data room?	
	b) Did you consider there to be any areas/information missing from the data room early on in the process?	
	c) Have any folders or sections of the data room-not seen reviewed?	
	d) Has any other material been provided outside of the data room (including via the Q&A process)?	
15.3	Were you satisfied with the responses to your questions or requests for further information	
	Are any material requests/questions outstanding for you to complete your due diligence investigations?	
15.4	Please advise if there were any areas of the business where there was limited or no information provided to the Insured or a response to a question or information was not provided.	
15.5	Did the Insured request any warranties or indemnities as a result of issues identified during due diligence?	
15.6	What is your view of the Target's accounting and tax functions? Who carries out these functions? Does the Target use external advisors to assist in such functions?	
15.7	Has there been any change in auditors in the last 3 years?	

15.8	What insurance does the Target hold and what has the claims history been like in respect of their insurance programs?	
	Based on Risk assessments, more questionnaires would be raised by RI team?	
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FRAUD WARNING

This policy shall be voidable at the option of the HDFC ERGO in the event of misrepresentation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI REBATING WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 prospectus or tables of the insurer. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION)

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

ANTI- MONEY LAUNDERING

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PREMIUM DETAILS

Amount (₹) _____ Rupees _____

DETAILS OF BANK ACCOUNT

Name of Bank Account Holder:	
Bank Account No.	
Name of Bank:	Branch:
MICR Code:	IFSC Code:
Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>
I/We wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.	

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

SOURCES OF FUND

Salary _____ Business _____ Other _____

DECLARATION

(To be signed by a partner or director of the Main Applicant)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that
- if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Signed: _____

Print Name: _____

Title: _____

Dated: _____

TERMS AND CONDITIONS

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)