HDFC ERGO General Insurance Company Limited



EDUCATOR'S PROFESSIONAL LIABILITY INSURANCE - PROPOSAL FORM

Educator's Professional Liability Coverage is written on a claims-made basis. Except as otherwise provided, this policy will cover only claims first made against the Insured during the Policy Period. Please read the policy

Defense Cost Provision:
Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by Defense

Completing the Proposal Form

*Please answer ALL questions in full leaving no blank spaces.

*If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

	PLEASE READ THE	POLICY CAREFULLY	Y					
GENERAL INFORMATION								
Principal Address:								
Year Established:								
ADDITIONAL INFORMATION NEEDED AS PART O	ADDITIONAL INFORMATION NEEDED AS PART OF THIS APPLICATION:							
2.	PREMIUI	M DETAILS						
Amount Rs.	upees							
3.	SOURCE	S OF FUND						
Salary Business Other	(Please Specify)							
4.	BANK ACCO	OUNT DETAILS						
Name of the Bank Account Holder								
Bank Account No.								
Name of Bank				Branch				
MICR Code (9 digit MICR code number of the bank a		ank)						
IFSC Code (11 character code appearing on your che								
	ent / any payment/claims will be directly credited to r	•	count.*					
	yments made to the insured only through electronic	mode.						
 Please provide a cancelled copy of cheque of you The Company will not be responsible in case of r 								
Company. 5. Important, please attach the following information								
any appeal procedures and guidelines for guidelines for guidelines or brochures that describe curricely Copies of all employment application forms for the charter school, a copy of the final approximate approximate approximate or the control of the charter school of the control of the charter school of the	ding policies, guidelines or written procedures addre anting tenure; culum offered; used by the parent organisation; ved charter.	_						
INDEPENDENT COLLEGE/UNIVERS	INDEPENDENT COLLEGE/UNIVERSITY PUBLIC COLLEGE/UNIVERSITY IN			INDEPENDENT SECONDARY SCHOOL				
EDUCATION RELATED ASSOCIATION INDEPENDENT PRIMARY SCHOOL TRADE SCHOOL CHARTER SCHOOL								
OTHER (Please expla	in):							
6. If an Education related Association, advise what a								
o. II ali Education Telated Association, advise what t	corculaing services are provided.							
7. Are all degree programs accredited or certified? Accreditation provided by:	Yes No							
If no, please explain:								
ii iio, piodos expidiiii								
3. Please provide a listing of all subsidiaries, affiliat	es and joint ventures in which the applicant has	a controlling interes	t and which are to be inclu	ded as insureds under the policy: None				
ENTITY NAME	NATURE OF OPERATIONS		% OWNED	DATE ACQUIRED				
9. Total Enrollment: 3 Years ago	2 Years ago	1 Years ago	This Year					
0. Total Number of:								
ADMINISTRATIVE STAFF	FULL TIME FACULTY		PART TIME FACULTY					
DOADD OF COVERNORS	TOUCTES		ALL OTHER ENDLOYEES					
BOARD OF GOVERNORS	TRUSTEES		ALL OTHER EMPLOYEES					
Number of employees terminated in the last	two years							

12.	Does the applicant:	diaminaal or non r	onough of ampleument centr	noto?			7 N-				
	Use written guidelines for suspension,			acis?	=	es	No				
	Use outside employment counsel for e		· (es	No				
	Distribute an employee handbook to a				=	es	No				
	Have a manual of its Human Resource				=	es	No				
	Provide formal training for its supervis		-		Y	es	No				
	Have a written policy against discrimin	ation, including se	xual harassment?		Y	es	No				
	Have a grievance procedure for dealing	g with discrimination	on or sexual harassment clai	ms?	Y	es	No				
	Use any tests (e.g. drug, polygraph) for	or screening applica	ants or for continued employ	ment?	Y	es	No				
	Have a written progressive disciplinary	/ program?			Y	es	No				
	Have written guidelines for granting te	nure?			Y	es	No				
	Provide a formal appeal process for te	nure requests?			Y	es	No				
	Obtain advice from legal counsel or a	human resource M	lanager prior to termination?		Y	es	No				
	Use employment-at-will statements?				Y	es	No				
	Anticipate any layoff, staff reduction, o	r facility closing with	thin the next 12 months?		Y	es	No				
	Anticipate a reduction/change in curric	culum within the ne	xt 12 months?		Y	es	No				
STUDE	NT POLICIES										
13.	Does the applicant:										
	Have a written policy for employee/fac	culty fraternization v	with students?		Y	es	No				
	Is this policy circulated periodically as	a reminder?			ΞY	es	No				
	Have a written procedure for handling	student harassme	nt complaints?		=	es	No				
	Have an appeal procedure for admissi		•		=	es	No				
	Who is responsible for overseeing this		?								
	Have a written procedure for student of				T Y	es	No				
MICOEL		,									
14.a.	LANEOUS Does the applicant or any entity listed	in Item 6 above lic	ense any patent for commerc	cial use?	Y	es	No				
11 6	If yes, provide particulars		1 11				er a a a		10		
14.b.	Does the applicant or any entity listed						•	ie applicant	1?		
	Yes No If yes, provide	details									
15.	Has there been any denial of accredital Yes No If yes, provide		y/probationary action taken a			-	of the applicant)	by any acci	rediting o	rganisation wi	thin the past 3 years?
	- No II yes, provide										
16.	Has any regulatory body initiated any	disciplinary or prob	pationary action against the a	applicant (or any prog	ram of th	he appli	icant) within the pa	ast 3 years	?		
	Yes No If yes, provide	details									
PRIOR	COVERAGE										
17.a.	Do you currently have						11. 11		D 1		F
	Type of Coverage	Yes	No	Insurer			Limits		Deduct	tible	Expiration
	D&O										
	EDUCATOR'S E&O										
	EMPLOYMENT PRACTICES										
	SCHOOL BOARD LIABILITY										
17.b.	Has any of the above insurance been	cancelled or non re	enewed within the past 5 yea	ırs?							
	Yes No If yes, provide	details									
LOSS H	IISTORY										
	Please attach a listing of all employmen above) which was commenced during t losses, please indicate here.										
	No Prior Losses										
18.	Is/has the Applicant been:										
	Subject to any judicial or administrativ	e order, decree, ju	dgment or conciliation agree	ment relating to emplo	yment?	•		Yes	s	No	
	The subject of any anti-trust, copyright	t or patent infringer	ment litigation?					Yes	s	No	
	The subject of any representative, der	ivative or class act	ions?					Yes		No	
	Given written notice under the provision			pecific facts or circum	stances	which	might	Yes		No	
	subsequently give rise to a claim being Please provide full particulars for a										
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EMPLOYMENT PRACTICES AND POLICIES:

Insurance is the subject matter of solicitation. Form No

CON	TINUITY WITH PRIOR COVERAGE					
18	Note: This section applies only if you currently have coverage and are requesting continuity of coverage.					
	Continuity date requested					
	a) attach a copy of the prior application(s) with which continuity of coverage is to be maintained					
	b) the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy of the Company					
PRIO	R KNOWLEDGE/WARRANTY					
19	Note: If there has been no previous professional liability coverage or in the event continuity is not granted it will be necessary to answer the following:					
	It is important that you fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: None or					
It is a	greed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from such facts or circumstances are excluded from this proposed coverage.					
IMPO	RTANT					
The A	ID WARNING pplicant understands that if a proposal has been completed for this insurance, then the statements and all particulars provided in such proposal, and any attachments thereto, are material to the company's decision vide this insurance. The Applicant further understands that the company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.					
INSU	POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE RED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE COMPANY OR OTHER PERSONS, FILES, A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OF SEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY ABLEAT THE COMPANY'S SOLE DISCRETION AND RESULT IN ADENIAL OF INSURANCE BENEFITS.					
PROC BEHA PROC	LAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT OF OR EXPLANATION IS PRODUCED, OR IF ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE APPLICANT POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR LIF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THIS CUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE APPLICANT, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE EITED.					
Notic	e:					
Anti-l	Rebating					
Per S	ection 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:					
	ERSON SHALL ALLOW OR OFFER TO ALLOW, EITHER DIRECTLY OR INDIRECTLY, AS AN INDUCEMENT TO ANY PERSON TO TAKE OUT, RENEW OR CONTINUE AN INSURANCE CY, 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 OF THE INSURER.

VIOLATIONS OF SECTION 41 OF THE INSURANCE ACT 1938, AS AMENDED SHALL BE PUNISHABLE WITH A FINE WHICH MAY EXTEND TO FIVE HUNDRED (500) RUPEES.

DECLARATION

The undersigned persons declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts has been made to obtain sufficient information from each and every director, officer and employee proposed for this insurance to facilitate the proper and accurate completion of this Proposal. The undersigned further agree that, between the date of this Proposal and the effective date of the Policy, if insurance is provided, (1) any material change in the condition of the Applicant is discovered, or (2) there is any material change in the answers to the questions contained herein, either of which would render this Proposal inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately and, if necessary, any outstanding quotation may be modified or withdrawn.

The signing of this Proposal does not bind the undersigned to purchase the insurance, but it agreed by the Applicant and all persons proposed for this insurance that the particulars and statements contained in this Proposal and attachments and materials submitted with this Proposal (which shall be retained on file by the Company and shall be deemed attached to the Policy, if insurance is provided, as if physically attached thereto) are true and correct and will be the basis of the Policy and will be considered as incorporated in and constituting part of the Policy. It is further agreed by the Applicant and all persons proposed for this insurance that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements. All such particulars and statements shall be deemed to be made by each and every one of the persons proposed for this insurance, provided that, except for any misstatements or omissions of which the signers of this Proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any person proposed for this insurance has reason to suppose might offer grounds for a future claim against him or her shall not be imputed, for purposes of rescission of the Policy, to any other persons proposed for this insurance who are not aware of the omission or the falsity of the statement.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY ARE AUTHORISED TO SOLICIT PROPOSALS FOR INSURANCE. AGENTS AND BROKERS ARE NOT AUTHORISED TO BIND INSURANCE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE PROPOSALAND BINDS THE INSURANCE.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

A policy cannot be issued unless the proposal is duly completed, signed, dated and stamped.

Signed:	Date:				
Name:					
Title:					
Managing Director, Risk Manager or Insurance Manager only					