

ALPHA INSURANCE POLICY - PROPOSAL FORM

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.
- It is agreed that whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries, and that the terms as defined in the Alpha by HDFC ERGO Insurance Policy. ("the policy") 'Claims', 'Policy Period', 'Defence Costs', 'Fund' or 'Mandate' are in accordance with the policy.
- The headings in this proposal are solely for convenience.

The Liability Coverage Sections of the Alpha by HDFC ERGO policy are written on a claim made basis. The Liability Coverage Sections of the policy cover only Claims first made during the Policy Period or any Extended Reporting Period. The Crime Coverage Section of the Alpha by HDFC ERGO policy is written on a loss discovered basis. The Crime Coverage section of the policy covers only loss first discovered during the Policy Period. For all Coverage Sections of the Alpha by HDFC ERGO policy the limit of liability to pay damages or settlements will be reduced and may be exhausted by the payment Defence Costs.

- Name of Applicant: *Mobile No.
- Address:
- Is the Applicant listed on the National Stock Exchange or any other stock exchange in India? : ☐ Yes ☐ No
- Please provide the name and ownership percentage of any shareholder owning more than 10% of any issued shares of the Applicant:
- Coverage requested:

Professional Liability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Directors and Officers' Liability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crime Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dedicated Additional Limit for Executives (PI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dedicated Additional Limit for Executives (D&O)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Limit of Liability for each Coverage Section:

Professional Liability	Rs.
Directors and Officers	Rs.
Crime	Rs.
DAL (PI)	Rs.
DAL (D&O)	Rs.
- Aggregate Limit of Liability each Policy Period
- Deductible Requested
- Please complete the attached Schedule of Proposed Funds and Mandates on Page 5
- Please provide the following documents and information:
 - Latest prospectus / product disclosure statement / offer memorandum provided to customers in respect of each Fund in respect of which cover is requested
 - Contractual agreements with customers for Mandates in respect of which cover is requested
 - Latest investment performance report for each Fund and Mandate.
 - Latest financial report of the Applicant
 - Independent analysts' reports in respect of any Fund in respect of which cover is requested
 - Copies of any brochures or sales materials.
- Please provide the names of the providers of the following services to the Applicant (where they differ by Fund please specify for each):
 - Custody:
 - Registry:
 - Administration:
 - Stock broking / dealing:
 - Fund Management:
 - Trustee:
- Please advise how the Applicant's Fund products are distributed:
- Please advise how many staff the Applicant has:

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

13. PRIOR KNOWLEDGE / WARRANTY

Note: This section need not be completed if this proposal is with respect to a renewal of a current Alpha by HDFC ERGO insurance policy.

- Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current professional liability insurance, fidelity bond or directors' & officers' liability insurance policy or similar insurance of facts or circumstances which might give rise to a claim being made against any such person?
If yes, please attach details ☐ Yes ☐ No
 - Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any professional liability, fidelity bond or directors' and officer's liability insurance or similar insurance?
If yes, please attach details. ☐ Yes ☐ No
 - Has there been or is there now pending against any suits claims or proceedings against any Applicant or any person proposed for coverage?
If yes, please attach details. ☐ Yes ☐ No
- It is agreed that any such claim as arising in response to the questions herein above (Please confirm) is excluded from the proposed coverage.

(d) Is any person proposed for coverage cognizant of any facts or circumstances which:

(i) He or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage? ☐ Yes ☐ No

(ii) Indicate the probability of any such claim(s)? ☐ Yes ☐ No

If yes to either of the above questions, please attach details.

It is agreed that if such facts or circumstances exist, any claim, action or proceeding arising there from is excluded from the proposed coverage.

OTHER IMPORTANT INFORMATION

A) UTMOST GOOD FAITH

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by the Insurer.

B) NOT A RENEWABLE CONTRACT

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

C) CHANGE OF RISK OR CIRCUMSTANCES

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.

Proposer's Declaration: I/ We accept the Terms and Conditions of the insurance policy. I/We authorize the insurance Company to obtain any records or references in consideration of this insurance or any potential claims in the future. I/We certify that all the information provided in this proposal and any attachments are true and correct. I/We understand that all information provided in this proposal and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. I/We hereby authorize HDFC ERGO General Insurance Company Limited to use relevant data for marketing purposes either directly or through third party agents. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

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

Note: The Proposer 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. 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 Proposer 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 (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment)

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. 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. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

14. BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Branch Account: Savings ☐ Current ☐

Name of Bank

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: ☐ Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured 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.

15. DECLARATION AND SIGNATURE

The undersigned authorized officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

The undersigned, on behalf of the Applicant and its directors and officers, acknowledge that the details contained herein have been read and understood.

This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

Signed: _____

Date: _____

Name of Signatory:

Chairman, CEO or Managing Director

SCHEDULE OF PROPOSED FUNDS AND MANDATES

Fund / Client Name	Nature of Fund / Mandate Investments	Date Established	Current FUM	Current Gearing Level	Minimum Investment Required	Average Investment Received	Net Fund Flows In Last Year

This information is attached to and forms a part of the Proposal