



## 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.

## DETAILS ABOUT PROPOSER

Name of Proposer : Present Address of Proposer : City  District State  Pin Code Is your present address same as your permanent address? ☐ Yes ☐ No

If no, please state your permanent address along with pin code:

City  District State  Pin Code Address proof (document & number): Phone No.: Mobile Landline Email: Identity proof (document & number): Occupation: Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐Retired ☐ Other (Please specify) Industry Type: Jewellery ☐ import-export ☐ mining ☐ shipping ☐ scrap dealing ☐ real estate ☐  
agriculture ☐ stock broking ☐ BFSI ☐ manufacturing ☐ others (Please specify): Income (Annual): 0-2.5 lakh ☐ 2.5 - 5 lakh ☐ 5 - 20 lakh ☐ 20-30 lakh ☐ 30 lakh and above ☐Income proof: PAN (document & number):

Existing KYC Number, if any: \_\_\_\_\_

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

Period of Insurance: From         To

Nomination: ☐ Yes ☐ No

If yes, please provide the below details:

| Nominee Name | Nominee Relation | Nominee DOB | Age | Nomination % | Appointee Name if in case of Minor Nominee | Appointee Relationship, if Nominee is minor |
|--------------|------------------|-------------|-----|--------------|--|---|
|              |                  |             |     |              |  |   |
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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 ☐ Yes ☐ No

Directors and Officers' Liability Insurance ☐ Yes ☐ No

Crime Insurance ☐ Yes ☐ No

Dedicated Additional Limit for Executives (PI) ☐ Yes ☐ No

Dedicated Additional Limit for Executives (D & O) ☐ Yes ☐ 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):

- (a) Custody:
- (b) Registry:
- (c) Administration:
- (d) Stock broking / dealing:
- (e) Fund Management:
- (f) 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.

### **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.

- (a) 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

- (b) 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?

☐ Yes ☐ No

- (c) 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.

## OTHER INFORMATION

### FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, 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.

### DATA PROTECTION REQUIREMENT:

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

### PREMIUM DETAILS:

Amount (INR) \_\_\_\_\_

GST (INR) \_\_\_\_\_

Premium including tax (INR) \_\_\_\_\_

Rupees in words \_\_\_\_\_

**PAYMENT DETAILS:**

Cheque NEFT

Instrument No. \_\_\_\_\_ Instrument Date: \_\_\_\_\_

Bank Account No. \_\_\_\_\_

Account Type: Savings / Current / Other. If others, please specify \_\_\_\_\_

Branch Name &amp; Address: \_\_\_\_\_

IFSC Code \_\_\_\_\_ MICR Code \_\_\_\_\_

Bank details for refund of premium in case of cancellation to be considered as above ☐ Yes ☐ No

If No, please provide additional bank details in below provided space:

Bank Account No. \_\_\_\_\_

Account Type: ☐ Savings ☐ Current ☐ Other. If others, please specify \_\_\_\_\_

Branch Name &amp; Address: \_\_\_\_\_

IFSC Code \_\_\_\_\_ MICR Code \_\_\_\_\_

**Nationality:** ☐ Indian ☐ Non – Indian ☐ If Non-Indian, please specify Country: \_\_\_\_\_Are you a Political Exposed Person or related to Political Exposed Person: ☐ Yes ☐ No (appropriate tick) If Yes, give details \_\_\_\_\_

**Note:** Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of 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.

**Type of Organization**

Corporation: \_\_\_\_\_ Governments: \_\_\_\_\_

Society: \_\_\_\_\_ Private Organizations: \_\_\_\_\_

International Organization: \_\_\_\_\_ Partnership: \_\_\_\_\_

Trust: \_\_\_\_\_ Others: \_\_\_\_\_

**Sources of Fund:**

Salary \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

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.

If you require physical copy of your policy in future, please visit “Help” section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care.

**Note:** The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer 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).

### **Insurance is the subject matter of the solicitation**

#### **DECLARATION BY INSURED/REPRESENTATIVE (IN CASE PROPOSER IS DISABLED)**

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/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- 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.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Proposer \_\_\_\_\_

### VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Translator

Name of the Proposer: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Proposer

### INTERMEDIARY DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, 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 here in 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 vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_ Place \_\_\_\_\_

## INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

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 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.**



### 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 |
|--------------------|--------------------------------------|------------------|-------------|-----------------------|-----------------------------|-----------------------------|-----------------------------|
|                    |                                      |                  |             |                       |                             |                             |                             |
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|                    |                                      |                  |             |                       |                             |                             |                             |

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