

Annexure CI 2B

EMPLOYMENT PRACTICES LIABILITY INSURANCE - 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.

Employment Practices Liability Coverage is written on a claim made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during the policy period. Please note that the defense costs 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 costs.

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

PLEASE READ THE POLICY CAREFULLY						
GENERAL INFORMATION						
Principal Organisation:						
Principal Address:						
Nature of Business:					*Mobile:	
	ed insured, to receive information relating to policy set sly carried on business?					
Is the Principal Organisation Publicly or Privately or	wned?					
Total number of employees						
					_	
	Currently	One year a	go		Two years ago	
Full time - Executive Officers						
Full time - Employees						
Does the Principal Organisation have employees in t	he United States of America?	Yes No				
If yes, please specify the number of employees						
If the number of employees is in excess of 100, the F	Principal Organisation is required to complete and pr	ovide along with this proposal f	orm.			
EMPLOYMENT PRACTICES INFORMATION						
i) Does the proposed Principal Organisation:						
a) Use outside employment counsel for emplo	yment advice? Yes No					
b) Have a full time human resources manager						
If not, how is this function handled?						
ii) Does the proposed Principal Organisation:						
 a) Conducted any retrenchments or staff reduced in the staf	• •	Yes No				
b) Anticipate any retrenchments or staff reduct	ions?	Yes No				
If yes, attach details				1		
c) Have a written employment contract with an If yes, how many?		Yes	No			
d) Distribute an employee handbook to all employees?				No		
If no, please explain why?				No		
e) Have a manual of its human resource procedures?						
 f) Provide formal training for its supervisors in administering these procedures? 			Yes	No		
g) Have a written policy against discrimination, including sexual harassment?			Yes	No		
If yes, how is it communicated to employee	us?					
 h) Have a grievance procedure for dealing with discrimination claims? i) Use any tests (e.g. psychological, drug etc) for screening applicants or for continued employment? 			Yes	No		
If ves. attach details		:	Yes	No		
It yes, attach details j) Have a written progressive disciplinary program?			Yes	No		
k) Provide outplacement for terminated employees?			Yes	No		
If yes, please describe						
I) Have an established termination procedure	?		Yes	No		
If yes, please describe				1		
m) Have an established severance policy?						
If yes, please describe						
-						
iii) Who has the authority to: a) hire employees?						
b) terminate employees?						
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HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: Employment Practices Liability Insurance - IRDAN125RP0001V02200910.

LOSS HISTORY

a) Please attach a listing of all employment legal actions as well as administrative proceedings commenced during the past 3 years. Describe the type of allegation, the court or government agency involved and any determination, judgment, defence cost or settlement for each.

b) Is the Principal Organisation presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?

Yes	No If yes, please attach a	сору			
PRIOR INSURANCE					
a) Does the Princi	ipal Organisation currently have	employment practices liability	insurance or similar insurance?	Yes	s No
If no, skip to Se	ection 6 and answer the warran	y statement. If yes provide th	e following:		
Insurer	Limits	Deductible	Policy Period		
	Rs	Rs			
b) Has the Princip	oal Organisation or any Insured	Person given written notice ur	der the provisions of any prior or curren	t directors and	
officers liability If yes, attach d		stances which might give rise	to a claim being made against any Insu	red? Yes	s No
CONTINUITY WITH PRI	IOR COVERAGE				
Continuity Date If continuity of a) attach a copy o	coverage is requested: of the prior proposal with which	continuity of coverage is to be	maintained.	is and statements shall be consider	ed to be incorporated in and form a part of the policy of
PRIOR KNOWLEDGE/V	WARRANTY				
			ur request has not been accepted or grar loyment practices liability insurance polic s (a) which he or she has reason to sup		In addition, this section need not be completed if this
()	as would fall within the scope c give details:) which indicate the probability of any su	ch Claim(s)?	Yes No
It is agreed that	at if such facts or circumstances	exist, any Claim or action aris	ing therefrom is excluded from this prop	osed coverage.	
FALSE INFORMATION					
	no, knowingly and with intent to ncerning any fact material thereto			insurance containing any false info	ormation, or conceals for the purpose of misleading,

REQUESTED LIMIT:

ADDITIONAL INFORMATION

Please enclose with this proposal form

- a) The latest Audited Annual Reports.
- b) Most recent employee handbook.

c) Functional organisation chart depicting Human Resource Department position

PREMIUM DETAILS						
Amount Rs.	Rupees					
SOURCES OF FUND						
Salary Business Other	(Please Specify)					
BANK ACCOUNT DETAILS						
Name of the Bank Account Holder						
Bank Account No.	Account: Savings Current					
Name of Bank	Branch					
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 pa	ayment / 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:	for such as the second s					

Please provide a cancelled copy of cheque of your bank account.

 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.

IMPORTANT

FRAUD WARNING

The Applicant 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 to provide 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

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 PARTICULAR BY THE INSURED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE COMPANY OR OTHER PERSONS, 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 COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF 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 BEHALF 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 THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE APPLICANT, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFFITED

Notice Anti-Rebating

Per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: NO PERSON SHALLALLOW OR OFFER TO ALLOW, EITHER DIRECTLY OR INDIRECTLY, AS AN INDUCEMENT TO ANY PERSON TO TAKE OUT, 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 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.

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 is 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 PROPOSAL AND BINDS THE INSURANCE.

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

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 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

Signed

Title

Director of Human Resources or Equivalent Only

Date