## HDFC ERGO General Insurance Company Limited



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### **Financial Institutions Professional Indemnity Policy - Proposal Form**

1) Answer all questions leaving no blank spaces.

iv) at Subsidiaries

- 2) If you have insufficient space to complete any of your answers, continue on your headed paper.
- 3) This form must be dated and is to be signed by two Directors of the Proposer.
- 4) Please attach last Annual Statement and Report and any Interim Report issued since.

5) It is the intention of the Company that any contract of insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. Any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal will be grounds for rescission. If a quotation is offered it will be the intention of the Company to offer coverage only in respect of those entities named in answer to question 1.
The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company

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SECTION A - PARTICULARS OF PROPOSER	

1)	State the name, address and date services provided by each compar		ablisł	hmen	t and	d the	fina	ncial	ser	vices	pro	ovide	ed. A	lso	list a	all si	ubsi	diari	ies fo	or wl	hich	1 CO\	ver i	is re	eque	este	d, ir	ndica	iting	the	loc	catio	ons,	date	e of	esta	blish	mer	nt ai	nd f	nan	cial		
	Proposer Mr. / Ms. / Mrs.																																											
								(First	Nam	ie)										(Mid	dle M	Nam	e)												(La	st Na	ne)							
	Address																																											
			0.1																							Pin	Co	de																
			City																											#1	Nob	oile N	No:											
			State						1									<sup>#</sup> Ple	ease	prov	vide	cor	rect	t mo	obile	e nu	mbe	er of	the	pro	pos	ed ii	nsur	red,	to r	ecei	ve in	form	natio	on r	elati	ng ti	o po	licy
	Date Established	D	DIN	MM	Y	Y	Y	Y										ser	vicinę	j an	d pr	remi	ium	acl	knov	wlec	lgen	nent														Ŭ,		
	Description of Financial Services Provided		_			+		-		_									_									_									_	Ļ						_
	Name of the Insu														on(s)									Da	ato F		blisł	hed								Fina	ncia	l Ser	nvice					
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2)	a) Has the proposer been acquired If so, please give details:	d by an	othe	r enti	ty, m	nerge	ed or	acq	uireo	d any	oth	ner b	usin	iess	s duri	ing f	the I	ast	5 yea	ars?																								
	b) Has the Proposer provided any	new se	nvic	es to	its c	lients	: du	rina t	he la	aet 3	vea	ars?																																
	If so, please give details:							- ing t			you																																	
	c) Does the Proposer intend to offe	er any r	new	servio	ces t	to its	clier	nts d	urinę	g the	nex	dt 12	moi	nth	s?																													
	If so, please give details:																																											
3)	State at the dates indicated:				_																										_													
							Curre	ently	or a	t date of last interim report At last year of							r en	d						At previous year end																				
	i) Authorized Capital																																											
	ii) Paid-up Capital																																											
	iii) Total Assets																																											
	iv) Total Deposits																																											
	v) Total Loans and Discounts																																											
	vi) Total Funds under Discretiona	ary Man	lage	ment																																								
4)	vii) Total Profit before tax				-	+	hoir	long	ih of				aifia				ition		1		land		un life	final	tion																			
4)	State names of all Executive and r Name		eculi	ve Di		JIS, II	nen	leng		ngth				ies	spon	SIDII	liles	and	u pro	655							ilitie	•							P	rofes	sion	al Qı	uali	fica	ions			
	Name									ngui												pco			spoi			5									51011		uum					_
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5)	a) State number of employees in fo	ollowin	g cat	tegori	ies:				-																		-							_				_						
										India						a								Overseas																				
	I) at Head Office																																											
	ii) at Computer Centre																																											
	iii) at Branches																																											

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: Financial Institution Professional Indemnity Policy - IRDAN125CP0002V01202223.

Total

b) What has the percentage turnover in the following employment categories been during the last twelve months?

	Inward	Outward						
Directors (including those of subsidiaries)	%	%						
Employees	%	%						
c) State the total of salaries, including commissions, paid to the Directors and Employees during the last financial year:								

d) Are any Directors or Employees compensated by bonus, profit commission, or similar performance related reward which is based upon their own performance or that of their department/division/subsidiary (as distinguished from the Proposer as a whole)? If so, state in which department/division/subsidiaries:

			SECTION B - PROPO	DSER'S ACTIVITIES			
6)	In the last financial year what approximate percentage			m the following activities?			
	a) Commercial Loans Domestic Foreign		% %	f) Commodity Market Dealing	gs		%
	Interbank Loans Domestic		%	<ul> <li>g) Securities Dealings</li> <li>h) Mergers and Acquisitions</li> </ul>	Advice		%
	Foreign		%	, ,			%
	Personal Loans		%	j) Fund Management			%
	b) Leasing		%	k) Venture Capital			%
	c) Trade Financing, Forfaiting		%	I) Overseas Advisory			%
	d) Barter, Countertrade or Swap Operations			m) Any Other Activity (Please Describe)			%
	e) Foreign Exchange Dealings		%	(Tiedde Describe)			
<b>7</b> \	Attach an organisational chart showing responsibiliti				an hahalf of uhan	the Drepeoply was acting, and the values in	رمار مر
1)	a) List each takeover or merger situation in which th	e Proposer acted			on benait of whon	1	oived.
	Offeror		Offeree	Outcome		Offer Value	
						Total	
	b) How many flotations has the Proposer undertake	n in the last twelv	e months? List each indicating the	share capital involved		Total	
	Company		,	Placed		Value	
					Total		
	c) How many rights issues has the Proposer underta	aken in the last to	velve months? List each indicating	the share capital involved.	•		
	Company		· · · · · · · · · · · · · · · · · · ·	Placed		Value	
					Total		
8)	Does the Proposer undertake trust activities or discr	etionary account	management? If so:				
	a) Are all clients agreements reviewed annually?						
	b) Are all trust/discretionary transactions subject to t	he same procedu	ires and review as the Proposer's o	own account transaction?			
	If not, please describe	•	•				
	c) State: i) The number of trust/discretionary account	ts					
	ii) The asset value of the largest managed a	account.					
	d) How often are financial reports rendered to clients	;?					
	e) Does the Proposer have an "approved" list of sec		be recommended to clients?				
	e Dues the Proposel have all approved list of sec	unites which can					
		SECTIO	ON C - FUNDS TRANSFER	/ TELEPHONIC INSTRUCT	IONS		
9)	a) Does the Proposer use or subscribe to any Electro	onic Funds Trans	fer Systems? List each one:				
,	· · · ·		•				
	b) Does the Proposer use or subscribe to any Electro	onic Funds Trans	fer Systems which allow direct acc	ess by clients to the Proposer's da	ata base? List eac	h one:	
					<u></u>		
	<li>c) Does the Proposer use or subscribe to any Electro pre-format or free-format basis.</li>	onic Funds Trans	fer Systems which allow clients to	directly execute a transfer of funds	? List each one, i	ndicating whether transfer can be made on a	
10)	Does the Proposer permit the initiation of Funds Tra	nsfer by telephor	ic instructions form clients? If so:				
,	a) Do all clients to whom this facility is available com			ties, transfer limits and call back pa	arameters for veri	fication?	
				· · · · · · · · · · · · · · · · · · ·			
	If so, attach a copy.	_					
	b) What are the call back parameters for verification	?					
	c) Are all such instructions directed only to the Wire	Transfer Room?_					
	d) Are all conversation including these instructions re	cordod?					
	a) Are an conversation including these instructions re						
	e) Is a written document produced in respect of each	instruction. which	h is date/time stamped. logged and	d maintained for at least 90 days?			
		,					
11)	Describe the presedures adapted when instruction	ro rocciuced by tr	Janhana				
ri)	Describe the procedures adopted when instruction a	are received by te					
	a) Within the Commodity Department.						
	b) Concerning the purchasing / sale of stock.						
	c) Within the Foreign Exchange Department						
	HDFC ERGO General Insurance Company Limited, IRI	DALReg No 146	CIN: U66030MH2007PL C177117 Re	edistered & Corporate Office: 1st Floo	or HDEC House 1	65-166 Backbay Reclamation H T Parekh Mar	1

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: Financial Institution Professional Indemnity Policy - IRDAN125CP0002V01202223.

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SECTION D - PROCEDURES           12) To which regulatory authorities are the Proposer, and those, subsidiaries listed to the answer to question 1, accountable.	
3) a) State the name and address of Chartered or External Accountants.	
b) State the frequency of auditing services performed by the Accountant for the Proposer.	
c) Does the Auditing Firm regularly review the system of internal controls and furnish written reports?	
d) Has the Auditing Firm made any recommendations in the last two audits? If so, state recommendations and confirm that they have been adopted. If not adopted, please give reasons	s for not doing so.
e) Has the Auditing Firm been changed in the last five years? If so, give details and explain why the change was made.	
Attach a copy of the most recent engagement letter from the Proposer's principal Auditing Firm.         4) a) State the name and address of Lawyers routinely acting for the Proposer.	er Value
b) Do the Lawyers supply written opinions as to the legality of any change in investment or management policy in connection with Trusteeship activities?	
c) Does the Proposer have an in-house Legal Department?	
If so, how many legally qualified individuals does it consist of?	
What are the department's responsibilities?	
Does it offer its services to customers or other Third Parties? If so, please give details.	
d) Does the Proposer use a standard form of contract, agreement of letter of appointment with regard to services performed?	
Are these regularly reviewed, and if so, by whom?	
e) Are all publications issued by the Proposer reviewed by the in-house Legal Department and/or outside legal advisers?	
15) a) Does the Proposer have a Compliance Officer?	
b) If so, state his duties and to whom he reports.	
<ul> <li>c) Attach his curriculum vitae.</li> <li>16) a) Does the Proposer have a written code of ethics encompassing all employees which includes a statement on the principles of acceptable conduct, and with guidelines for acceptable conflicts of interests, gifts from customers, and prohibition on other employment?</li> </ul>	e outside activities,
b) Are employees to agree in writing that they have read the ethics code and are abiding by said code?	
c) Do you require all Directors and Employees to declare their outside business interests and specify relationships which could lead to possible conflicts of interest?	
SECTION D - PARTICULARS OF COVERAGE           17) State details of similar insurances carried during the previous five years, if any:         a) Professional Indemnity	
i) Insurers	
iii) Deductible b) Directors & Officers	
i) Insurers	
ii) Sum Insured	
c) Bankers Blanket Bond/Fidelity/In and Out Policy i) Insurers	
i) Sum Insured	
iii) Deductible  18) State the Limit of Indemnity requested.	
19) During the last five years has the Proposer received any admonishment or critical directive from any regulatory authority? If so, please give details:	
20) Is the Proposer currently involved in any litigation as a defendant? If so, please give details:	
21) a) Has any proposal made by the Proposer or its predecessors in business for Professional Indemnity Insurance ever been declined? If so, state the reasons.	
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b) Has any Professional Indemnity Policy in the name of the Proposer or its predecessors in business ever been cancelled? If so, state the reasons.

# 22) Has the Proposer any knowledge or information, after full enquiry, or any circumstances whatsoever which might give rise to claims being made against it, its subsidiaries or any branches to which this proposal applies?

23) Has any demand or claim of a type being the subject of this insurance been made against the Proposer, its subsidiaries or any branches to which this proposal applies during the past five years?

#### IMPORTANT

#### FRAUD WARNING

The proposer 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 insurance company's decision to provide this insurance. The proposer further understands that the insurance company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE 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 OTHERDOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE ASSURED, 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 ASSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED. Notice:

#### Anti Rebating

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, 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.

PREMIUM DE IAILS
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 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.
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. 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
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 miststatements or omissions of which the signers of this Proposal are aware, any miststatements 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.
(Two different persons are required to sign this proposal)
Company
Signature of the Chief Executive Officer or Chairman of the Board
Company
Signature of Chief Financial Officer or of Directors of Applicant other Senior Officer of the Applicant

NOTE: The Proposal and all attachments shall be treated in strictest confidence. a. \*Signing this Proposal Form does not bind the Proposer to complete this insurance.

b. If a policy is concluded it will be issued on a "CLAIMS MADE" basis i.e. to indemnity the Proposer for claims first made against it in the manner described in the policy during the Policy Period. Form no. 210

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