

**GUIDELINES TO FILL THE FORM:**

1. Please fill the form in BLOCK LETTERS and leave one box blank between two words.
2. Please answer the questions fully and correctly. All details with \* are mandatory.
3. If a particular question is not applicable to you and/or your business, please mark that question as not applicable "N/A". For question with multiple choice answers, please tick the box in front of the correct answer. If there is insufficient space please provide further details on additional sheets.
4. 'You/Your' wherever used in this proposal means the **"Proposer"** considered for this insurance
5. Please provide a copy of any brochures, handouts any other technical or marketing material in which you describe your professional services.
6. Please provide all monetary amounts in Indian Rupees when completing the **Proposal** below:
7. This **Proposal** must be completed, dated and signed by an authorized officer of the entity requesting insurance.

**Note:** The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

Please note: The term “**Proposer**” as used in this Proposal refers to the organization for which coverage is required, its subsidiaries and its directors, officers and employees.

## I DETAILS OF THE PROPOSER

- [illegible]

Title	Full name	Qualifications	Number of years Professional Experience

- 8. Annual Gross Revenue derived from professional services:**

	Past Financial Year (Rs)	Current Year (Rs)	Estimated for next year (Rs)
Total Fee Income			
Net Profit			
Overseas Fee Income (Excluding USA/Canada)			
USA/Canada –Fee Income			

9. Does the **Proposer** wholly or partially own, operate, manage or control any other business and for which coverage is requested? Yes ☐ No ☐  
If yes, provide details below:

NAME	LOCATION	OWNERSHIP	BUSINESS

10. Does any regulatory authority license the **Proposer**? Yes ☐ No ☐  
If yes, please list the regulatory authority (ies):
11. Has the **Proposer** been involved in any mergers, acquisitions or consolidations in the past five (5) years? Yes ☐ No ☐  
If yes, please provide full details.
12. Is the **Proposer** presently involved in or considering any merger, acquisition or change in control? Yes ☐ No ☐  
If yes, please provide full details.
13. Has the **Proposer** changed its name in the past five (5) years? Yes ☐ No ☐  
If yes, please provide full details.
14. In the next eighteen (18) months, does the **Proposer** anticipate any changes in the nature of the professional services described in response to question 5? Yes ☐ No ☐  
If yes, please provide full details.

#### 15. PROFESSIONAL SERVICES

For each of the following, please check **YES** or **NO**. Please attach descriptive documents or brochures.

##### ■ SERVICE AGREEMENTS:

- Are contract fees negotiated and agreed to in advance?
- Are written service agreements required for all clients?  
(If Yes, attach a sample).
- Have the written service agreements been reviewed by a law firm experienced in the Applicant's field?
- Are all changes to service agreements confirmed in writing?
- Does the Applicant provide warranties or guarantees?
- Does the Applicant describe services in a brochure?  
(If Yes, attach a sample).

##### ■ QUALITY CONTROL:

- Is there a formal procedure for handling client complaints?
- Is ADR or mediation to resolve complaints part of the service Agreement?
- Are audits or reviews of service performed by employees conducted?  
How often? Annually \_\_\_\_ Semi-Annually \_\_\_\_ Quarterly \_\_\_\_ Other \_\_\_\_
- Does the Applicant ever assume liability for others by contract?  
(If yes, please attach a sample contract)

#### 16. PROFESSIONAL CREDENTIALS:

- Do employees hold professional licenses or certification? Yes ☐ No ☐  
If Yes, please identify –
- Does the **Proposer** pay for continuing education to maintain such professional licenses or certification?

#### 17. CLIENT MANAGEMENT

- Are there formal criteria for accepting new clients?
- Is there a formal policy for conflict of interest?
- Is there a formal policy for client confidentiality?

18. Does the **Proposer** engage in any other professional activities not listed in question 5 above? Yes ☐ No ☐  
(If Yes, attach description or explanation). Where applicable, please attach the following documentation:
- Latest audited annual report & accounts
  - Latest interim report & accounts –
  - Brochures describing services or products offered
  - Sample service agreements

**CLAIMS/LOSS EXPERIENCE**

19. Please enter all claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which may give rise to a claim, over the last five years under Director's and Officer's Insurance:

Date of Occurrence	Details of Incidents (whether a claim was made or not)	Claims (Paid or Outstanding)

**PREVIOUS INSURANCE DETAILS**

20. Have you been previously been insured against D&O risks?

Yes ☐ No ☐

If 'Yes', please provide the following details:

Limit of Liability (Rs)	Expiring Date of Cover	Premium Paid	Deductible	Claims reported/Made if any

21. Has any Insurer in respect of the risks to which this proposal relates:

- i) declined your proposal, refused renewal or cancelled an insurance  
 ii) required an increased premium or cancelled an insurance

Yes ☐ No ☐

Yes ☐ No ☐

If 'Yes', please provide the relevant details:

22. Are you currently covered under any of the existing policies from L&T General Insurance Co Ltd? If so, please provide details:

**DECLARATION**

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and "L&T GENERAL INSURANCE COMPANY LIMITED". If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the insurers immediately.

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.

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

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

Signature of Proposer (Authorised Signature of  
a President, chairman, Director, Partner)

**PROHIBITION OF REBATES (SECTION 41 OF THE INSURANCE ACT, 1938)**

- No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rs. 500/-