

HDFC ERGO Side A D&O Policy - Proposal Form

NOTICE TO THE APPLICANT:

If You are applying for this Insurance for purposes related to Your trade, business or profession, You have a duty to disclose any matter that You know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure shall continue until the time the contract is entered into, varied or renewed.

Policy owners are advised to read the policy carefully and understand the contents therein. You are encouraged to seek clarification from the insurer if necessary.



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 Organization and all its Subsidiaries, as defined in the HDFC Side A ("the policy").
- It is agreed that whenever used in this proposal form the definition of the terms 'Claims', 'Policy Period' 'Legal Representation Expenses', 'Defence Costs', 'Director' or 'Officer' are in accordance with the policy'.
- The headings in this proposal are solely for convenience.

Side A Policy is written on a claims made basis. The policy covers only Claims first made during the Policy Period or any Extended Reporting Period. The limit of liability to pay damages or settlements will be reduced and may be completely exhausted by the payment of Defence Costs or Legal Representation Expenses.

NOTE: IF YOU DO NOT FIND SUFFICIENT SPACE IN ANY OF THE BELOW COLUMNS PLEASE USE ADDITIONAL SHEETS FOR GIVING FULL DETAILS. PLEASE READ THE POLICY CAREFULLY

APPLICANT DETAILS

(a) Name of Applicant:

(b) Applicant's Address:

City: State:

Pin Code:

Tel. (Res.): Tel. (Off.):

Mobile No.

Email Id:

(c) Occupation (Please tick): Salaried ☐ Professional ☐ Self Employed ☐ Student ☐ Housewife ☐

Retired ☐ Others (Please specify) _____

(d) Nature of trade or Business of the Insured:

(e) Organization Type (Please tick): Government ☐ Pvt Ltd. ☐ Public Ltd. ☐ Partnership ☐ Proprietorship ☐ HUF ☐

Trust ☐ Section 25 Company ☐ Others ☐

If Other, please specify _____

(f) Income (Annual): 0-2.5 Lacs ☐ 2.5-5 Lacs ☐ 5-20 Lacs ☐ 20-30 Lacs ☐ 30 Lacs and above ☐

(g) Income Tax Pan No: (h) AADHAR Number:

(i) Industry Type (Please tick) Jewelry ☐ Import-Export ☐ Mining ☐ Shipping ☐ Scrap dealing ☐ Real estate ☐

Agriculture ☐ Stock broking ☐ BFSI ☐ Manufacturing ☐ Others ☐

If Others, please specify: _____

(j) Are you a Political Exposed Person (PEP) or family member or close relative / associate of PEPs:

Yes ☐ No ☐ (appropriate tick) If Yes, give details _____

(k) Applicant's web address:

(l) Nature of Applicant's Activities: _____

(m) How long has the Applicant continuously carried on business? _____

(n) Names and dates under which the Applicant's business was formerly carried on: _____

Date:

(o) When and where is the Applicant incorporated? _____

(p) Give a complete list of all subsidiary companies not listed in the company's last annual report, including country of registration and percentage owned by Proposer.

Sr. No.	Name of the Subsidiaries	Country of Registration	Percentage owned

(q) 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)

(r) If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

VARIANT DETAILS

(a) Please choose the variant opted for this policy (please tick):

Variant 1 ☐ Variant 2 ☐ Variant 3 ☐

OWNERSHIP

(a) Is the Applicant a:

Private Company? Yes ☐ No ☐

Public Company? Yes ☐ No ☐

Other (Specify) _____

(b) Is the Applicant listed on an Indian Stock Exchange? Yes ☐ No ☐

(c) Is the Applicant listed on any foreign stock exchanges? Yes ☐ No ☐

(d) Is any subsidiary of the Proposer publicly traded (equity or debt)? Yes ☐ No ☐

(e) If yes to question 2. (b) Or 2. (c) give details of the stock symbol for the Applicant and/or any of its subsidiaries so listed and identify the exchange on which their securities are listed:

(f) Provide the name and ownership percentage of any shareholder directly or beneficially owning 5% or more of the issued shares of any Applicant:

(g) Has any Applicant issued any securities convertible into shares? Yes ☐ No ☐

If yes, please provide details:

DIRECTOR'S DIRECTORY

Number of Directors _____

Number of full-time Employees _____

Number of part-time/temporary Employees _____

Total number of Employees _____

List of Directors/Officers covered under the Policy:		
NAME	YEAR OF SERVICE	CURRENT STATUS

CYBER DETAILS

Did the Company / CEO appoint a senior executive (e.g. CISO) who is responsible and accountable for the implementation of the cyber resilience strategy and framework? Yes ☐ No ☐

Has the board approved the cyber resilience strategy and framework? Yes ☐ No ☐

Did the company ever suffer a cyber-attack or a privacy breach? Yes ☐ No ☐

A Business Continuity procedure and/or a Disaster Recovery procedure in the event of a Cyber-attack and a privacy policy is in place? Yes ☐ No ☐

How often does the board of directors meet with the CEO, CRO, Head of IT, CISO and CFO to discuss Cyber security readiness, improvements and disclosures?

What do these meetings contemplate? _____

If NO, please provide details on how this function is being handled _____

Does the Applicant have a written employment contract with all Employees? Yes ☐ No ☐

If NO to any of the above questions, please provide full details on how such matters are handled and by whom.

How often does phishing training/tests take place? _____

What tangible improvements have the C-Suite executives made to an organization's Cyber security controls, including auditing and oversight improvements, during the last 12 months? _____

MATERIAL CHANGES

(a) Whether or not such discussions or proposals have been made public, is the Applicant or any individual proposed for coverage currently involved in any discussions or aware of any proposals relating to any actual or potential, during the last twelve months has:

i. The name of the Proposer changed? Yes ☐ No ☐

ii. Any acquisition or merger occurred involving the Proposer or any subsidiary? Yes ☐ No ☐

iii. Any subsidiary that has been sold or ceased activities? Yes ☐ No ☐

iv. The Company undergone a Management buyout, Leveraged buy out or the Proposer undergone any other change in capital structure?

Yes ☐ No ☐

a. If "yes" to any of the above please give details.

PUBLIC COMPANY

If the Applicant is a public company please respond to the following questions:

(a) Has the Applicant replaced its external auditor at any time during the last 3 years? Yes ☐ No ☐

If yes, please attach details:

(b) Have the Applicant's revenue recognition or other accounting practices been approved by its external auditor? Yes ☐ No ☐

Please attach details of any qualifications made by and any changes recommended by such external auditor:

(c) Has the Applicant changed or is it considering changes to its revenue recognition or other accounting practices? Yes ☐ No ☐

If yes, please attach details:

U.S.A OPERATIONS

(a) Does the Applicant conduct business in the U.S.A.? Yes ☐ No ☐

If yes, please provide:

(i) Total Assets of the Applicant's U.S.A. subsidiaries or operations:

(ii) Total Revenue derived from U.S.A. subsidiaries or operations:

(b) Has the Applicant issued any securities, including but not limited to any stock, shares, commercial paper or any debt or equity instruments in the U.S.A? Yes ☐ No ☐

(c) Have any Directors and / or Executive Officers of the Proposer or of any subsidiary of the Proposer incorporated or domiciled in the United States of America resigned or been replaced in the past 12 months? Yes ☐ No ☐

(d) Is the Company considering a replacement or addition of any Directors and Officers of the Proposer or of any subsidiary of the Proposer incorporated or domiciled in the United States of America? Yes ☐ No ☐

If yes, please complete Schedule A – U.S.A SEC Exposure Supplementary Proposal.

OUTSIDE DIRECTORSHIP COVERAGE

Does the Applicant require cover for any Outside Directorships? Yes ☐ No ☐

If yes, complete Schedule B for those positions for which the Applicant requires coverage.

Note: Although Outside Directorships are automatically covered for some entities, we require information for all entities for which the Applicant seeks cover.

(An Outside Directorship is the position of Director, Officer, trustee, governor, councillor or the holder of an equivalent position in any jurisdiction held by the Applicant's Directors, Officers or employees on the board of an entity which is not a subsidiary of the Applicant or a non-profit entity, which position is assumed and maintained with the KNOWLEDGE and CONSENT or at the REQUEST of the Applicant).

EMPLOYEMENT PRACTICES

Total Number of Employees:

Location	Number of employees
India	
Rest of Continental Europe	
United Kingdom	
USA	
Canada	
Rest of the World	
Total	

(a) Has the Applicant undertaken any staff retrenchments or reductions during the last 6 years or does it anticipate making any staff retrenchments or reductions in the next 12 months? Yes ☐ No ☐

If yes, please attach details.

(b) Does the Applicant:

(i) Maintain a written manual of its human resource procedures? Yes ☐ No ☐

(ii) Have a written policy against discrimination, including sexual harassment? Yes ☐ No ☐

(iii) Have a written progressive discipline programme? Yes ☐ No ☐

PRIOR INSURANCE

(a) Has the Applicant ever been refused directors' & officers' liability and company reimbursement Insurance or had a similar policy cancelled?

Yes ☐ No ☐

If yes, please provide details: _____

(b) Does the Applicant currently have directors' & officers' liability and company reimbursement Insurance? Yes ☐ No ☐

(c) If yes, please provide the following details:

Insurer	Limit of Liability Rs.	Deductible Rs.	Policy Period

PRIOR KNOWLEDGE/WARRANTY

Note: This section applies if the Applicant does not currently have directors' & officers' liability and company reimbursement insurance.

In addition, this section need not be completed if this proposal is with respect to a renewal of a current HDFC ERGO General Insurance Company directors' & officers' liability and company reimbursement insurance policy.

(a) Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current directors' & officers' liability and company reimbursement insurance policy or similar insurance of facts or circumstances which might give rise to a claim being made against any such person?

Yes ☐ No ☐

(b) Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any directors' & officers' liability and company reimbursement insurance policy or similar insurance? Yes ☐ No ☐

(c) Has any Director or Officer of the Applicant ever been subject to any prosecution, disciplinary action, been fined or penalised, or been the subject of any inquiry or investigation in their capacity as a Director or Officer of the Applicant? Yes ☐ No ☐

(d) Has the Applicant or any person proposed for coverage been involved in any civil, criminal or administrative proceeding or investigation concerning compliance with or breach of any securities law or regulation anywhere in the world? Yes ☐ No ☐

(e) Has there been or is there now pending against:

(i) any director or officer of the Applicant

(ii) an outside director requesting cover on an outside entity

(iii) a claim against them in their capacity as such? Yes ☐ No ☐

It is agreed that any such claim is excluded from the proposed coverage.

(f) Is the Applicant or any person proposed for coverage cognizant of any facts or circumstances which:

(i) It, 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 ☐

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

If the answer to any one of the questions in 9. is yes, please attach details.

OTHER INFORMATION

Do you wish to opt for Arbitration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Venue for Arbitration (If Arbitration is opted)	

FALSE INFORMATION

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 understand that the company will, in its sole discretion, issue the policy in reliance upon the truth of such statements and particulars.

THE POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MISREPRESENTATION, 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 FORFEITED.

REQUESTED LIMIT

Amount: _____

PREMIUM DETAILS

Amount (Rs.) _____ Rupees _____

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs. _____

Premium Payment Options: Cash ☐ Cheque ☐ DD ☐ Card ☐ Net-banking ☐ Payment Wallet ☐

Reference/Cheque No: _____ Date:

Bank Name: _____ Amount: Rs. _____

Credit Card/ Debit Card No. : _____ Expiry Date:

Relationship with Proposer: _____

Source of Funds: Salary ☐ Business ☐ Others (Mention):

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.

Would you like your refund (Excess Premium/PPC reimbursement) By Cheque# OR Credited directly into your bank account?

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			

*Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Nationality:	Non – Indian If Non-Indian, please specify Country: _____
Type of Organization	Corporation <input type="checkbox"/> Governments <input type="checkbox"/> Society <input type="checkbox"/> Private Organizations <input type="checkbox"/> International Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Others: _____
GST No.	_____
I have eIA No:	_____
I would like to apply for eIA with Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/>	

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.

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. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULDT BE MENTIONED IN INSURED DECLARATION):

"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.

DECLARATION BY INSURED/REPRESENTATIVE (in case proposer is disabled)

(To be signed by a partner or director of the Main Applicant)

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 bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.
- 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.
- 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, 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: _____

Print Name: _____

Title: _____ Dated: _____

Terms and Conditions

Note:

- 1) The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.
- 2) Please enclose with this proposal form
 - a. The last two Audited Annual Reports.
 - b. The last two interim Statements (if applicable).

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 HDFCERGO General Insurance Company Limited receives premium payment.)

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 _____

Signature of the Translator

Place _____

Date _____

Name of the Insured _____

Signature of the Insured/Proposer

Place _____

Date _____

INTERMEDIARY'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/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.

License No. (Intermediary): _____

Place: _____ Date: _____ Signature of Intermediary: _____

For Office Use Only

Channel Partner Code: _____ Branch Location: _____ Signature of Channel Partner: _____

Acknowledgement Customer Copy

Received from Mr. / Ms. / Mrs. _____

Reference/Cheque No: _____ Dated: _____

Drawn on _____ Bank for a sum of ₹ _____

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date Signature & seal _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

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 A

1. Does the Applicant have any type of American Depository Receipt (ADR) program or facility? Yes ☐ No ☐

If yes

a) Identify the type of program or facility, eg. Level 1, 2 or 3: _____

b) Is such program or facility:

i) Un-sponsored? Yes ☐ No ☐

ii) Sponsored? Yes ☐ No ☐

c) When and where did the last offering take place?

- d) Which advisers were used for the offering?
Underwriters ☐ Depository ☐ Custodian ☐ Legal Counsel ☐ Other ☐
- e) On which exchange are the American Depositary Shares (ADS) traded?

- f) Provide details of the trading activity of the ADS for the previous 6 month period:

- g) What is the ratio of ADR to the Applicant's local shares?

- h) How many ADR are on issue? _____
- i) What is the program's total capitalization? _____
- j) List any shareholder that owns more than 5% of ADR: _____

- k) What forms does the Applicant file with the U.S.A. Securities and Exchange Commission (SEC)?

- l) When were the requisite SEC forms last filed with the U.S.A. SEC? Please attach copies of all such forms.

- m) What are the most recent daily, weekly and monthly prices for the ADS?

- n) What are the 52-week high and low prices for the ADS?

2. a) Other than ADR, has the Applicant issued any securities in the U.S.A? Please note securities mean debt and equity securities including but not limited to common stock, commercial paper programs and any other debt or equity offering. Yes ☐ No ☐
- b) If the answer to question 2(a) is Yes, are any such securities traded on any exchange or over the counter market in the U.S.A.? Yes ☐ No ☐
If yes, for each such facility or program please provide the following information:
- Exchange or over the counter market on which traded;
 - Date trading commenced;
 - Advisers used for the offering;
 - Shareholders/investors owning more than 5% of such securities;
 - Whether the offering was made through a 144A private placement;
 - List all forms the Applicant files with the U.S.A. SEC. Please attach copies of the most recent filings made with the U.S.A. SEC;
 - MOST recent daily, weekly and monthly prices for such securities; and
 - 52-week high and low prices for such securities.
3. Where applicable, please attach a copy of the following for every Applicant seeking coverage:
- The most recent Annual Report (including financial statements);
 - The most recent report filed with the U.S.A. SEC on form 10-K and 10-Q;
 - All reports filed with the U.S.A. SEC Form 8-K or schedule 13D (with respect to any equity securities of such Applicant) during the preceding twelve (12) months;
 - The most recent proxy statement and (if different) the most recent definitive proxy statement filed with the U.S.A. SEC; and
 - The most recent letter on internal controls provided by the Applicant's external auditor together with management's response

SCHEDULE B

Name of individual requiring cover & position held in the Outside Entity	Name of Outside Entity	% shares owned by Applicant	Name of each entity or individual holding more than 5% of shares of Outside Entity	If Outside Entity is publicly traded provide stock symbol and identify exchange on which its securities are	Nature of Business Activities	Country of Incorporation	Is Outside Entity public private or other?	Does the Outside Entity indemnify its directors and officers?	Indicate D&O Insurer and Insurance limits and deductible carried by the Outside Entity	Has the Outside Entity or its directors and officers been involved in any D&O litigation related to the Outside Entity? If yes, attach details.

PLEASE ATTACH LATEST ANNUAL REPORT INCLUDING FINANCIAL STATEMENTS FOR EACH OUTSIDE ENTITY WHICH IS:

1. Located, incorporated, domiciled or operated in the U.S.A.
2. Registered or approved for direct or indirect trading on a national securities exchange in the U.S.A.
3. A bank, finance company, leasing company, friendly society, life insurance company, general insurance company, reinsurance company, investment company, mutual fund, collective investment scheme, fund manager, investment adviser, responsible entity of a managed investment scheme, trustee company, money market corporation, investment bank or any broker or dealer in securities or commodities, mortgage broker, real estate agent, stock exchange, commodities exchange, futures exchange, custodian, clearing house, register, medical benefits association or hospital benefits association or organizations of a similar nature.

SUPPLEMENTARY PROPOSAL FORM

POLLUTION EXPOSURES

1. Does the Applicant have a formal, documented environmental policy that is approved by its Board of Directors? Yes ☐ No ☐
If so, please attach a copy of the policy.
2. Does the Applicant have a board committee responsible for overseeing its environmental Policy? Yes ☐ No ☐
3. Does the applicant perform formal audits to confirm compliance with its environmental Policy? Yes ☐ No ☐
4. Has the Applicant or any of its personnel been prosecuted or fined for any environmental violation the past 5 years? Yes ☐ No ☐

If yes, please provide details:

It is agreed that any claim for such environmental violation is excluded from the proposed coverage.

Is the Applicant aware of any circumstances or does it expect any notices by which it is or will be obligated to pay damages or compensation for environmental damage? Yes ☐ No ☐

If yes, please provide details: _____

It is agreed that if such circumstances or notices exit, any claim, action or proceeding arising therefore is excluded from the proposed coverage.

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 complete 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 issue.

Date: _____

Chairman of the Board

Date: _____

Chairman of the Board