HDFC ERGO General Insurance Company Limited

Take is cary!

HDFC
ERGO

GENERAL INSURANCE

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.

PLEASE READ THE POLICY CAREFULLY GENERAL INFORMATION Principal Organisation: Principal Address: Nature of Business: How long has the Principal Organisation continuously carried on business? Is the Principal Organisation Publicly or Privately owned? Total number of employees _ Currently One year ago Two years ago Full time - Executive Officers Full time - Employees Does the Principal Organisation have employees in the United States of America? If ves. please specify the number of employees If the number of employees is in excess of 100, the **Principal Organisation** is required to complete and provide along with this proposal form. **EMPLOYMENT PRACTICES INFORMATION** i) Does the proposed Principal Organisation: a) Use outside employment counsel for employment advice? Yes Nο b) Have a full time human resources manager or department? No Yes If not, how is this function handled? ii) Does the proposed Principal Organisation: a) Conducted any retrenchments or staff reductions during the last 6 years? Yes No b) Anticipate any retrenchments or staff reductions? Yes No If ves. attach details c) Have a written employment contract with any employee? Yes No If yes, how many? d) Distribute an employee handbook to all employees? Yes Nο If no, please explain why? e) Have a manual of its human resource procedures? Yes If yes, indicate the date it was revised 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 employees? _ Yes No 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 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 Nο If yes, please describe Yes No m) Have an established severance policy? If yes, please describe n) Obtain advice from a human resource manager prior to terminating an employee? If no, attach following details. iii) Who has the authority to: a) hire employees? b) terminate employees? 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? No If yes, please attach a copy.

PRIOR INSURANCE				
a) Does the Principal Organisation currently have employment practices liability insurance or similar insurance?				
Insurer L	swer the warranty statement. If ye imits Deductible			
	RsRs or any Insured Person given writte	en notice under the provisions of any	prior or current directors and	
officers liability policy of specific facts or circumstances which might give rise to a claim being made against any Insured? Yes No				
CONTINUITY WITH PRIOR COVERAGE Note: This section applies only if you currently have coverage and request continuity of coverage.				
Continuity Date requested If continuity of coverage is requested:				
a) attach a copy of the prior proposal with which continuity of coverage is to be maintained. b) the Company will be relying upon the declarations and statements contained in such prior proposal and those declarations and statements shall be considered to be incorporated in and form a part of the policy of				
the Company. PRIOR KNOWLEDGE/WARRANTY				
Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted, or if there is no prior coverage. In addition, this section need not be completed if this proposal forms part of a renewal of a current Federal Insurance Company employment practices liability insurance policy. Is any person proposed for coverage cognisant of any facts or circumstances (a) which 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 or (b) which indicate the probability of any such Claim(s)? If yes, please give details:				
It is agreed that if such facts or circumstances exist, any Claim or action arising therefrom is excluded from this proposed coverage.				
FALSE INFORMATION Any person who, knowingly and with intent to defraud any insurance company or 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 is a crime				
REQUESTED LIMIT:				
ADDITIONAL INFORMATION Please enclose with this proportion a) The latest Audited Annual Rep				
b) Most recent employee handbo		went necition		
c) Functional organisation chart c	depicting Human Resource Departi	PREMIUM DE	TAILS	
Amount Rs.	Rupees	T NEIMON DE	TALEO	
		SOURCES OF	FUND	
Salary Business Business	Other (Please Specify)	BANK ACCOUNT	DETAILS	
Name of the Bank Account Holder		BANK ACCOUNT	DETAILS	
Bank Account No.				Account: Savings Current
Name of Bank MICR Code (9 digit MICR code number	of the bank and branch appearing	on the cheque issued by the bank)		Branch
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 IRDA, 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. IMPORTANT				
FRAUD WARNING	osal has been completed for this ins	rance then the statements and all na	rticulars provided in such proposal, ar	nd any attachments thereto, are material to the company's decision
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 FORFEITED.				
Notice Anti-Rebating Per Section 41 of the Incurrence Act 10	20 as amonded the practice of re	hating is prohibited as follows:		
	R TO ALLOW, EITHER DIRECTLY	OR INDIRECTLY, AS AN INDUCEME		RENEW OR CONTINUE AN INSURANCE POLICY, IN RESPECT
NOR SHALL ANY PERSON TAKING O				OR ANY REBATE OF THE PREMIUM SHOWN ON THE POLICY, 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 FIVE HUNDRED (500) RUPEES.				
DECLARATION The undersigned persons declare that to	the best of their knowledge the sta	tements set forth herein are true and	correct and that reasonable efforts ha	as 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	o the decision to provide this insura	nce and that any Policy will be issued i	n reliance upon the truth of such partic	culars 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 PROPOSALAND BINDS THE INSURANCE. A policy cannot be issued unless the proposal is duly completed, signed, dated and stamped.				
I/We hereby understand, declare, conser	nt and authorize the Company to use	e personal health details and financial	information, as provided to the Compa	any for underwriting the risk. I/We hereby also understand, declare,
• •	the Company shall have right to reta		d disseminate the same to its service p	provider(s) for providing services related to insurance.
Signed		Title ————		Date ————————————————————————————————————