HDFC ERGO General Insurance Company Limited



SIGNATURE MANAGEMENT LIABILITY POLICY - PROPOSAL FORM

NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

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 the whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries, as defined in the HDFC Signature Management Liability Policy ("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.

The Management Liability 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.

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

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

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Is the Applicant listed on any foreign stock exchanges?		Yes	s		No																																				
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If the A	Applicant is a public company please res	spond to th	he followir	ng questior	ıs																			
a) Has th	ne Applicant replaced its external auditor	r at any tin	ne during	the last 3 y	ears? If y	es, please	attach de	tails	Yes	No														
,	the Applicant's revenue recognition or ot		• .			•			Yes	No														
	e attach details of any qualifications mad e Applicant changed or is it considering	•	•	•		•			Yes	No														
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a) Does th	he Applicant conduct business in the U.S	SA?	Voc	No		U.	.S.A OP	ERATIC	NS															
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	e Applicant issued any securities, includ please complete Schedule A – U.S.A SE					commerci	al paper o	r any deb	t or equit	y instru	ments	in the	U.S.A	4?	Yes		No							
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	complete Schedule B for those positions					age. Note:	Although	Outside [irectorsh	ips are	autom	atical	y cove	ered f	or son	ne ent	tities,	we re	quire i	nforma	ation fo	r all er	tities fo	r
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HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept, 14, 2016 and L&T General Insurance Company Limited upto Sept, 13, 2016).CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400 078. Toll-free: 1800 2 700 700 (Accessible from India only) | Fax: 91 22 66383699 | care@hdfcergo.com | www.hdfcergo.com. UIN: Signature Management Liability Insurance-Revision - IRDAN125P0004V01200708. IRDAI Reg. No. 146.

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 FOREFITED

	REQUESTED LIMIT	
	ADDITIONAL INFORMATION	

Please enclose with this proposal form

- a) The last two Audited Annual Reports.
- b) The last two Interim Statements (if applicable).

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

PREMIUM DETAILS	
T NEIMON DETAILS	
Amount Rs. Rupees	
SOURCES OF FUND	
Salary Business Other (Please Specify)	
BANK ACCOUNT DETAILS	
lame of the Bank Account Holder	
Bank Account No.	Account: Savings Current
lame of Bank Brar	nch
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	
SC Code (11 character code appearing on your cheque leaf)	
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:	
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
Company.	,
DECLARATION AND SIGNATURE	
he undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and	

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.

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?

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

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 RINDS THE INSURANCE

INCOMMODE. NO COVERNOE OF MEET NOWINGED ONLESS THE COMMON THE INCOMMODE	
Date: D D M M Y Y Y	Chairman of the Board
Date: D D M M Y Y Y Y	Managing Director Or Chief Executive Officer

Does the Applicant have any type of America fyes	n Deposi	tory Red	eipt (ADR	l) progra	am or fa	cility?		Yes	3	No)																		
a) Identify the type of program or facility	, eg Level	I 1, 2 or	3:																										
b) is such program or facility:																													
i) Unsponsored? Yes	No																												
ii) sponsored?	No																												
c) When and where did the last offering take place?																													
d) Which advisers were used for the offering?	Underwr	riters	Depo	ository		Custo	odian			Lega	al Co	unsel	Ī	C	Othe	. [
 e) On which exchange are the American Depository Shares (ADS) traded? 	1																												
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 capitalisation?																													
j) List any shareholder that owns more than 5% of ADR:															1														
k) What forms does the Applicant file with the U.S.A Securities and								<u> </u>			_	+			_	+	<u> </u>					_	_	<u> </u>					
Exchange Commission (SEC)?																													
 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	S?																												
n) What are the 52-week high and low prices for the ADS?																													
a) Other than ADR, has the Applicant iss other debt or equity offering.	i		in the U.	S.A.? PI	lease no	te sec	curitie	s mea	an de	ebt an	ıd eq	uity se	ecurit	ies ind	cludi	ng bu	ıt not	limit	ed to	com	mon	stoc	ck, co	mme	rcial p	oaper	prog	rams	and any
b) If the answer to question 2(a) is Yes, a			rities trade	ed on ar	ny excha	nae o	r over	the o	count	ter ma	arket	in the	us	A 2		Yes		No											
If yes, for each such facility or prograr i) Exchange or over the counte ii) Date trading commenced;	n please p r market o	orovide t	he followi		•	90 0							0.0.			103		140											
iii) Advisers used for the offerir iv) Shareholders/investors owr v) Whether the offering was m	ing more ade thoug	h a 144	A private p	olaceme	nt;		41	4		£1:			ul- 4l	0	۸ ٥٢														
vi) List all forms the Applicant fvii) Most recent daily, weekly arviii) 52-week high and low price	nd monthly	y prices	for such s			ies of	ine m	OSI FE	ecent	Tiling	s ma	ide wii	in the	0.5.	A SE	:0;													
Where applicable, please attach a copy of the				ant see	kina cov	erage																							
i) The most recent Annual Rep ii) The most recent report filed	ort (includ	ling fina	ncial state	ments);																									
iii) All reports filed with the U.Siv) The most recent proxy state	A SEC Former and	orm 8-K l (if differ	or Sched ent) the n	ule 13D nost rec	(with re ent defir	spect t	roxy	state	ment	filed	with	the U.	S.A	SEC; a	and		e pre	cedir	ng tw	elve	(12) ı	mon	ths;						
v) The most recent letter on in	ernal con	trols pro	vided by t	he Appl	icant's e	externa	al aud	itor to	geth	er wit	th ma	anage	ment	's resp	oons	е													
					OUT	SIDE I		Schoor CTOR			ry c	OVER	AGF																
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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	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 limit 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? I 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 USA.
- Registered or approved for direct or indirect trading on a national securities exchange in the USA.
- 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, custodian, clearing house, registrar, medical benefits association or hospital benefits association or organisations of a similar nature.

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Does the Applicant have a formal, document	nted enviro	nmenta	I nolicy t	that is ar	nroved	hv its	s Board	of Dir	ector	·s?	Yes		No															
If so, please attach a copy of the policy.	intod Cirviio	minoma	i policy i	iliai io a _l	proved	Dy It.	Doard	OI DIII	COLOI	J	_ res		INO															
Does the Applicant have a board committee	e responsil	ble for o	verseeir	na its en	/ironmei	ntal F	Policy?	V	es [N	n																	
Does the Applicant perform formal audits to Has the Applicant or any of its personnel be	oon nrosoc	onipilani	fined for	r anv anv	ironmor	ı puli ıtal v	iolation		es L	N Vears?		.,																
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t is agreed that any claim for such environ	mental viol:	ation is	excluded	d from th	e propo	sed o	coverac	IP.																				
s the Applicant aware of any circumstance									d to p	oay dar	nages	or co	mpen	satio	n for e	envir	onme	ntal d	ama	ge?	Ye	s	N	0				
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