

PROPOSAL FORM

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Proposer Details

1. Name of proposer: _____
Street Address: _____
City: _____
Address of the CRM/Call Centres. _____
2. Name of each entity to be included as an insured _____
How are these entities related to your business? _____
Proposer is: ☐ Corporation ☐ Partnership ☐ Individual
3. a. Is the proposer firm owned by, controlled by or associated with, or does the proposer firm own or control, any other partnership, corporation or firm?
If "yes" please provide the details _____

- b. Are professional services provided to this entity? Yes ☐ No ☐
4. Year full time operation began: _____
5. Limits of liability desired:
For Errors and Omissions/Professional Indemnity - Rs. _____ Any One Event
Rs. _____ In the Aggregate
6. Deductible (each Wrongful Act): _____
7. Please indicate the jurisdiction required
i) India ☐
ii) Worldwide including USA/Canada ☐
iii) Worldwide excluding USA/Canada ☐
8. Is the policy required for the entire turnover of the proposer or contract specific ? Please state
The annual turnover of the entire organisation ☐
The annual turnover from the specific contract desired to be covered ☐
9. Estimate revenue for the next 12 months.
U.S. and Canada Rs. _____
India Rs. _____
Foreign (Please specify the country/ies) Rs. _____
9. Show actual revenue and number of clients for the past 3 years.

Year	U.S. / Canada Revenue (Rs.)	No. of Clients	India Revenue (Rs.)	No. of Clients	Foreign Revenue (Rs.)	No. of Clients

10. List the proposer's five largest projects during the past three years.

	Client	Services Provided for The Client	Revenue
a.			
b.			
c.			
d.			
e.			

11. What percentage of the Pporposer's business comes from repeat customers? _____ %

12. What is the average length of time of a contract? _____

- i) Telephone (Voice based) ☐
- ii) Internet based (e-mail management) ☐
- iii) Live Chat ☐
- iv) Any other ☐

14. Describe in detail the nature of services provided over the above media:

(Please provide detailed response to this section)

- i) Telemarketing: Making outbound calls only _____
- ii) Telesurvey _____
- iii) Handling customer enquiries, complaints, helpdesks etc. _____
- iv) Transaction based _____
- v) Any other please specify. _____

15. If providing CRM services over the internet please answer the following

- i) Whether the CRM services are provided over the proposer's server or the client's server? _____
- ii) If over the client's server, where is the client's server located? _____
- iii) Do the CSRs have access to all the data on the client's server? _____
- iv) What are the steps taken to protect the confidentiality of the information residing on Client 's servers? _____

16. Are the CRM services scripted so that the CSR merely runs through a predetermined question and response log or is it free flow?

17. Please describe in detail the ancillary/incidental or follow-up work required to be done by the CSRs?

18. Indicate the sector, which forms your market for your services

	Receipts %
<input type="checkbox"/> Airlines/Transportataion	
<input type="checkbox"/> Telecommunications	
<input type="checkbox"/> Consumer durables	
<input type="checkbox"/> Education	
<input type="checkbox"/> Financial Institutions - Banks	
<input type="checkbox"/> Financial Institutions - Insurance Companies	
<input type="checkbox"/> Financial Institutions - Any other	
<input type="checkbox"/> Health Care/Medical Services	

	Receipts %
<input type="checkbox"/> Information Technology –Help Desks	
<input type="checkbox"/> Other (please specify)	
TOTAL	100%

18. Are the people calling in aware it is a CRM/Call centre or do they believe they are actually speaking to someone from one of the clients?

19. Indicate the exposure for which the Proposer requires coverage. (What type of claims may be possible?)

20. Describe the procedures the proposer uses to avoid such losses

21. Does the Proposer require cover for

- i) Misuse of confidential information –
- ii) Dishonesty of employees –

22. How many seats does the CRM/Call centre employ?

23. In how many shifts does the CRM/Call Centre work during the day ? Please indicate the percentage of work done against each shift.

24. Details of personnel:

	Number of Employees	Average years experience with proposer	Average overall years experience
Management			
Trainers			
Customer Support Representatives			
Clerical			
Other			
TOTAL			

25. Please give details of the recruitment procedures of the trainers and the CSRs practised by the Proposer in terms of

- i) Employee references
- ii) Minimum Qualifications

26. Does the Proposer obtain any bonds from the CSRs as regards losses caused on account of their negligent/dishonest acts?
If so please attach a specimen copy of such bond.

28. What percentage of the CRM services would be performed by temporary staff or subcontracted staff

If subcontracting exists does the proposer have a subcontract agreement in writing?

Yes ☐ No ☐

27. Please describe in detail the training procedures you have in place

- i) Is the initial training provided by the client, if so is it hands-on at his site or at the Proposer's site?
- ii) To whom is the initial training provided?

iii) What is the length and the periodicity of such training? _____

iv) How often are the refresher courses conducted in the span of every contract? _____

v) Are the proposer's trainers required to go abroad for such training, if so for what duration? _____

28. Please state the quality control procedures you have in place in the organisation.

i) Are all the telephone calls/e-mail /Chat responses recorded? _____

ii) What percentage of responses are monitored and reviewed for quality of the response given? _____

iii) For how long does the proposer maintain such records? _____

iv) Where are such back-ups stored? _____

29. What is the average attrition or labour turnover rate in the Proposer's organisation for the past three years? _____

30. Does proposer engage in any other business or profession other than stated above? Yes ☐ No ☐

If yes, please explain _____

31. a. Has there been acquisition or merger activity in the past 5 years? Yes ☐ No ☐

If yes, please explain _____

If yes, does this company assume all liability past and present of the acquired company? Yes ☐ No ☐

b. Are there future acquisitions or mergers planned? Yes ☐ No ☐

If yes, please explain _____

32. Does proposer have a written contract with clients? ☐ In all cases ☐ Sometimes ☐ Never

33. Do the proposer's contracts contain:

a. Hold harmless or indemnity agreements inuring to the proposer's benefit? Yes ☐ No ☐

b. Hold harmless or indemnity agreements inuring to the proposer's client's benefits? Yes ☐ No ☐

c. A specific description of the services proposer will provide to the client? Yes ☐ No ☐

d. Guarantees or warranties? Yes ☐ No ☐

e. Limitation of liabilities? Yes ☐ No ☐

f. Force Majeure clauses? Yes ☐ No ☐

g. Clause that excludes economic, consequential or indirect losses? Yes ☐ No ☐

32. In what professional organizations or trade associations does the proposer hold membership? _____

33. Does the proposer enter into any Service Level Agreements with your clients. If so please provide a standard copy. _____

34. Is similar insurance currently in force? Yes ☐ No ☐

If yes, indicate Carrier _____ Expiration date _____

How long in force _____ Limit _____ Deductible _____ Premium _____

36. Have any claims been submitted to the current carrier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. Has any similar insurance been declined or cancelled? If yes, please attach details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38. Does any proposed insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39. Attach a list and status of all errors and omissions claims made against any proposed insured during the past five years. If none, please check here: <input type="checkbox"/> None		
40. Is commercial general liability insurance currently in force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, <input type="checkbox"/> Carrier <input type="checkbox"/> Limit <input type="checkbox"/> Deductible		

Additional Details:

Nationality: ☐ Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country: _____

Type of Organization

<input type="checkbox"/> Corporations	<input type="checkbox"/> Governments	<input type="checkbox"/> Non Governmental Organizations	<input type="checkbox"/> Society	<input type="checkbox"/> International Organization
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperatives	<input type="checkbox"/> Section 25 Company	

PAN card number (10 character number): _____

Sources of funds: Please tick appropriate box ☐ Salary ☐ Business ☐ Others (please specify) _____

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1. 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 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."

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

AML declaration

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

Contact details of TAGIC and TAGIC CIN

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

24x7 Toll Free No: 1800 266 7780 | Visit us at www.tataaig.com | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

IRDA Approved Product Name & Product UIN no. IRDAN108P0009V01200607

In order for us to efficiently process your proposal, please attach the following to your signed proposal:

- a. Most recent audited financial statement (i.e. Annual Report)
- b. Descriptive promotional materials (i.e. Advertising brochure)
- c. A copy of a standard service contract or a recent contract issued.
- d. If the company has been established for three years or less please provide resumes of senior professional staff.

All written statements and materials furnished to the company accepting this proposal (Herein called the Company) in conjunction with this proposal are hereby incorporated by reference into this proposal and made a part hereof.

This proposal does not bind the proposer to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned proposer declares that the statements set forth in this proposal are true. The proposer further declares that if the information supplied on this proposal changes between the date of this proposal and the date the policy is issued, the proposer will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorisation or agreement to bind the insurance.

Producer _____

Proposer's Signature _____

Address _____

Title _____

Date _____

Customer Relationship Management Services / Call Centres Liability Policy UIN: IRDAN108CP0056V01201819