

PROPOSAL FORM

Note to the Proposer

Please note that this proposal form is being completed on behalf of all insureds.

Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing, to complete this insurance.

For the purpose of this proposal form, "Fund" shall be deemed to include all trusts, investment management companies (open or closed ended), funds and partnerships.

For the purpose of this proposal form "Commingled funds" shall mean any assets which are managed by the Proposer on behalf of third parties which are not part of the "Funds" investment structure.

For the purposes of this proposal form "Investment Management Services" shall be deemed to include investment advisory services.

For the purpose of this proposal form "FUM" shall mean Funds Under Management, and "NAV" shall mean Net Asset Value.

Please provide by addendum any supplementary information which is material to the response of the questions herein.

Proposer Details

1. (a) Name of Proposer: _____

(b) Address: _____

2. (a) Limit of Liability requested: _____

(b) Retention: _____

3. Is the Proposer authorised and approved by IMRO, the FSA or any equivalent regulatory body in any other jurisdiction to conduct Investment Management services? Yes ☐ No ☐

4. (a) Please provide the following for pre-existing insurance policies.

	Insurer	Limit	Retention Premium
(i) Directors & Officers			
(ii) Professional Indemnity			
(iii) Crime			

(b) Are the Funds covered under the above policy? Yes ☐ No ☐

If "no", are the Funds insured under a separate policy? Yes ☐ No ☐

5. Please indicate for which of the following cover is required:

- (a) Insurance Cover 1.1: Investment Advisor/Manager Professional Civil Liability ☐
- (b) Insurance Cover 1.2: Fund Civil Liability Including Managerial Civil Liability ☐
- (c) Insurance Cover 1.3: Investment Advisor/Manager Managerial Civil Liability ☐
- (d) Insurance Cover 1.4: Investment Advisor/Manager and Fund Crime Protection ☐
- (e) Optional Entity Employment Practice Liability (see Employment Practice Liability Proposal) ☐

Insurance Cover 1.1: Investment Advisor/Manager Professional Liability

Please complete this section only if coverage is requested

1. Please attach copies of the following:

- (a) Proposer's latest annual report
- (b) Copy of standard engagement letter/investment management agreement
- (c) ADV report (as filed with SEC) for all SEC registered advisors
- (d) Prospectus and financial statements for all managed Funds

2. Please provide the percentage split of fees and funds under management (FUM) in respect of the following: (questions (a), (b), (c) and (d) are separate questions, with parts (i) and (ii) of each question totalling 100%)

	Current Year		Previous Year	
	Fees	FUM	Fees	FUM
(a) (i) Full discretionary advisory				
(ii) Non-discretionary				
(b) (i) Active investment strategy				
(ii) Passive investment strategy				
(c) (i) Quantitative investment module				
(ii) Traditional investment module				
(d) (i) Assets managed in Funds				
(ii) Assets managed in Commingled or pooled funds - strategies				

3. Please provide the following:

	Current Year		Previous Year	
	Cost Market Value	Net Asset Value	Cost Market Value	Net Asset Value
(a) Funds under management (FUM)				
(b) Asset Value of largest account				
(c) Asset Value of lost accounts				
(d) Asset Value of new accounts				

4. (a) Does the Proposer or any subsidiary act as an Investment Advisor in North America and/or is the Proposer or any subsidiary registered with the SEC under the Investment Advisors Act of 1990? Yes ☐ No ☐

(b) What is the percentage of the total fees which are received from North American clients/ investors? _____

5. Please provide the percentage split for the following investment areas: (questions (a) and (b) should be treated separately)

(a) Territory	Fees	FUM
India		
Europe		
Far East and Asia		
North America		
South America		
Australia		
Other		

(b) Investment Strategy	Fees	FUM
Listed Equity		
Unlisted Equity		
Debt		
Real Estate/Property		
Commodities		
Derivatives – hedging		
– speculative		
Limited Partnerships		
Other		

6. Does the Proposer have set procedures in place to ensure:

- (b) Are the Funds covered under the above policy? Yes ☐ No ☐
- (b) any unauthorised or trading errors are identified, monitored, and where necessary, rectified? Yes ☐ No ☐
- (c) any breaches of pre-agreed investment restrictions are recognised and rectified? Yes ☐ No ☐
- (d) a formalised due diligence process is followed when assessing any given investment or investment strategy? Yes ☐ No ☐
- (e) suitable financial advice is given and recommendations are made according to investors' objectives? Yes ☐ No ☐
- (f) regulatory requirements, provisions, rules, principles, and codes are adhered to by all relevant employees? Yes ☐ No ☐

If "no", please provide further details on a separate sheet.

Insurance Cover 1.2: Fund Liability Including Managerial Liability

Please complete this section only if coverage is requested

1. Please attach copies of the following for each Fund:

- (a) latest prospectus
- (b) latest annual report

2. Please provide the following information for any Fund for which cover is required.

(Please provide details on a separate sheet if necessary)

Fund Name	Current Year Net Asset Value	Previous Year Net Asset Value

3. Please complete the following for all publicly traded Funds. (Please provide details on a separate sheet if necessary)

Fund	Date of Listing	Original Funds Raised (£)	Location Traded

4. Please complete the following per Fund or provide the information via the prospectus, financial review, or annual accounts:
 (please provide details on a separate sheet if necessary)

Fund Name	Current Investors Holding More Than 15% of Fund, and % Held per Investor	Ability to leverage Fund by More Than 25%	Ability to Take Management Control Over an Investee Company or Appoint a Director to the Investee Company Board
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Is the prospectus or offer memorandum for each Fund:
- (a) reviewed by internal/external legal counsel? Yes ☐ No ☐
- (b) offered with a detailed risk disclosure? Yes ☐ No ☐
- (c) offered without the provision of guarantees or warranties? Yes ☐ No ☐
6. Have there been any changes or modification in the investment restrictions or limitations of any Fund within the past 2 years? Yes ☐ No ☐
- If "yes", please give details on a separate sheet (or provide new prospectus).
7. Have there been any material changes in the administrative procedures or the investment policies of any Fund within the past 2 years? Yes ☐ No ☐
- If "yes", please provide full details on a separate sheet.
8. Do the directors, officers, partners and trustees (as a group) of the Investment Trusts/Funds of their investment advisor/manager own more than 50% therein? Yes ☐ No ☐
- If "yes", please provide full details on a separate sheet.
9. Do the Fund's directors, officers, partners and trustees have procedures in place to ensure the investment advisor's performance and investments selected are acceptable and within the parameters of the investment management agreement? Yes ☐ No ☐
- If "no", please provide further details of the alternative procedures in place.
10. Has any Fund for which cover is required:
- (a) been subject to a regulatory review? Yes ☐ No ☐
- (b) had a drop in the Net Asset Value during any given 12 months exceeding 50% of its original Net Asset Value? Yes ☐ No ☐
- (c) has been restructured or is likely to be liquidated or restructured over the next 12 months? Yes ☐ No ☐
- If "yes" to any of the above, please provide details on a separate sheet.

Insurance Cover 1.3: Investment Advisor/ Manager Managerial Liability

Please complete this section only if coverage is requested

1. Please attach a copy of Proposer's latest annual report.
2. During the last 5 years:
- (a) has the name of the Parent Company changed? Yes ☐ No ☐
- (b) have any acquisitions or mergers taken place? Yes ☐ No ☐
- (c) have any subsidiary companies been sold or ceased trading? Yes ☐ No ☐

(d) has the capital structure of the Parent Company changed? Yes ☐ No ☐
 If "yes", please give details on a separate sheet.

3. (a) Has the Proposer any acquisition, tender offer or merger pending or under consideration? Yes ☐ No ☐
 (b) Is the Proposer intending a new public offering of securities within India or elsewhere? Yes ☐ No ☐
 (c) Is the Proposer aware of any proposal relating to its acquisition by another company? Yes ☐ No ☐
 If "yes", please give details on a separate sheet.

4. Is the Proposer:

(a) Privately owned? Yes ☐ No ☐
 (b) Publicly owned? Yes ☐ No ☐
 (c) Listed on any Indian Stock Exchange? Yes ☐ No ☐
 (d) Listed on any foreign Stock Exchange? Yes ☐ No ☐
 (e) Listed on the Unlisted Securities Market? Yes ☐ No ☐
 (f) Traded in any other way? Yes ☐ No ☐

5. Please list:

(a) Total number of shareholders _____
 (b) Total number of shares issued _____
 (c) Total number of shares held by Directors and Officers (both direct and indirect) _____
 (d) All holdings representing 15% or more of the ordinary Share Capital of the Proposer; giving the holder and percentage held by each

Holder Name	% of Ordinary Share Capital Held

North America Cover

If North America Cover is required, please complete the following

6. (a) Does the Proposer or any of its subsidiaries have any stocks, shares or debentures in North America (other than by any form of propriety investments made on behalf of third parties) Yes ☐ No ☐
 If "yes", please complete the following:

(i) on what date was the last offer/tender/issue made? _____

(ii) was the offer subject to the United States Securities Act of 1933 and/or the Securities Exchange Act of 1934 and/or any amendments thereto? Yes ☐ No ☐

(iii) If any stock or shares are traded in the form of ADR's, please advise:

(a) ☐ Sponsored ☐ Un-sponsored

(b) the percentage traded as a total of the issued share capital? _____

(c) the number of ADR shareholders? _____

(b) does the investment manager/advisor or any of its subsidiaries have any debt instruments or commercial paper in North America? Yes ☐ No ☐
 If "yes", please give details _____

Insurance Cover 1.4: Investment Advisor/Manager and Fund Crime Protection

Please complete this section only if coverage is requested

1. Total number of employees and directors of the Investment Manager/Advisor and the Funds? _____
2. Has management defined and communicated formal trading policies and dealing limits to all applicable employees? Yes ☐ No ☐
3. Are trading transactions and positions reviewed for conformity with formal trading and authority limits? Yes ☐ No ☐
4. Are accounts or trades which exceed set limits identified and rectified or referred to senior management for immediate action? Yes ☐ No ☐
5. Are deals only permitted to be made via approved counter parties? Yes ☐ No ☐
6. Is the book of investments periodically substantiated and evaluated against recorded values independently of the dealers and fund managers? Yes ☐ No ☐
7. Is the responsibility for investment decisions segregated from the accounting, back-office, and custodial responsibilities? Yes ☐ No ☐
8. Are the trading systems adequately controlled to ensure that only authorised personnel are able to trade on the system? Yes ☐ No ☐
9. Are all key source documents maintained in a secure environment prior to being entered onto the computer system, in order to prevent unauthorised modifications or inappropriate use of the data? Yes ☐ No ☐
10. Please specify the method of instruction for fund transfer(e.g. written, electronic, computer, telephone etc.).
11. Please provide a brief description of the methods used to secure fund transfers (e.g. passwords, encryption, code words, call back).
12. (a) What is the total annual volume of funds transferred? _____
- (b) What is the average size of each transfer? _____
- (c) Are all fund transfers handled by financial institutions? Yes ☐ No ☐
- If "yes", do you have procedures to ensure the following are done with the proper authority?
- (i) Transfer of funds Yes ☐ No ☐
- (ii) Request changes in procedures Yes ☐ No ☐
- (iii) Obtaining of records Yes ☐ No ☐
- If "no", do you have facilities to transfer funds without involving third parties Yes ☐ No ☐
13. Do you have adequate internal controls to ensure:
 - (a) fraudulent instructions are not given to any financial institution by any employee or any other person who does not have authority to give genuine instructions? Yes ☐ No ☐
 - (b) telephone instructions are confirmed in writing? Yes ☐ No ☐
14. Are all banks required to confirm fund transfer transactions within 24 hours? Yes ☐ No ☐
- If "no" to any of the above please provide further details or alternative procedures on a separate sheet.

Insurance Cover 1.5: Investment Advisor / Manager & Fund Third Party Computer Fraud Protection

Please complete this section only if coverage is requested

1. Are unique passwords used to give various levels of entry to the computer depending on the users authorisation? Yes ☐ No ☐
2. Are passwords automatically withdrawn when people leave? Yes ☐ No ☐
3. Are all amendments to programmes approved independently of the persons making the amendments? Yes ☐ No ☐
4. Are programmes protected to detect unauthorised changes? Yes ☐ No ☐

5. Is your computer system "firewall" protected to prevent unauthorised access? Yes ☐ No ☐
6. Is your computer system protected by virus detection and repair software? Yes ☐ No ☐

General Information

This section is to be completed by all applicants

1. Do you have an internal audit team which periodically perform independent checks on:
- (a) segregation of duties? Yes ☐ No ☐
- (b) accuracy of records? Yes ☐ No ☐
- (c) reporting to management/ clients? Yes ☐ No ☐
- (d) management and supervisory procedures? Yes ☐ No ☐
- (e) physical and non-physical internal controls? Yes ☐ No ☐
2. Have all material recommendations made by the internal and external auditors in the last annual audit been implemented? Yes ☐ No ☐

If "no", please provide details _____

3. (a) Do you offer 'on-line' Internet securities dealing facilities funds transfer facilities, or other e-commerce related services to third parties? Yes ☐ No ☐

If "yes", please give details:

Service	Percentage of overall Income

- (b) Please select the method used to verify the identify of the users transacting via the Internet:

- (i) Static Password ☐
- (ii) One-time password ☐
- (iii) Public/ private key encryption ☐
- (iv) Digital signatures ☐
- (v) Other (please provide details) ☐

- (c) How is the integrity of any given transaction protected?

- (i) 128 bit encryption ☐
- (ii) Message authentication ☐
- (iii) Receipt confirmation ☐
- (iv) Other (please provide details) ☐

- (d) How does the Proposer prevent unauthorised access to clients'/investors' main processing systems?

- (i) Firewall ☐
- (ii) Off-line front-end processing ☐
- (iii) On-line front-end filtering ☐

(iv) Other (please provide details) ☐

- (e) Do you utilise any form of activity tracking device in relation to the Internet facilities? Yes ☐ No ☐
- (f) Do you have formal terms and conditions for use of your Internet Service which outlines the obligations and responsibilities of the users? Yes ☐ No ☐
- (g) Does the Proposer have procedures in place to monitor to whom their services are provided, taking into account any jurisdictional or cross border issues? Yes ☐ No ☐
- (h) Do you use any anti-virus software? Yes ☐ No ☐
- If "yes", is it upgraded on a regular basis? Yes ☐ No ☐

4. Recruitment Procedures

When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:

- (a) undertake independent checks into their employment history? Yes ☐ No ☐
- (b) undergo a process to ensure their suitability for the position? Yes ☐ No ☐

5. Suppliers/Service Providers/Outsourcing:

(Please complete this section only if coverage is requested for RTAs and other outsourced service providers)

- a. Do you maintain an approved suppliers list? Yes ☐ No ☐
- b. Are suppliers, service providers and outsourcing companies vetted for competency, financial stability and honesty before being approved? Yes ☐ No ☐
- c. Are all suppliers, service providers and outsourcing companies appointed under written contract? Yes ☐ No ☐
- d. Are procedures in place to assess the suitability of trustees; fiduciaries; administrators or officers of any of your Pension Plans? Yes ☐ No ☐
- e. (i) Do you outsource any activities to third party service providers? Yes ☐ No ☐
- (ii) If "yes", please detail the services provided.
- f. Do you audit outsourcing companies during the term of their contract? Yes ☐ No ☐
- g. If the service provider or outsourcing company operates on your premises are their employees under your daily management control? Yes ☐ No ☐

Claims Information

6. Has the Proposer or any of the Funds, or directors, officers, partners, trustees or employees thereof been subject to any regulatory investigation? Yes ☐ No ☐
- If "yes", please provide details on a separate sheet.
7. Did such an investigation result in disciplinary proceedings, admonishment, or recommendations? Yes ☐ No ☐
- If "yes", were all the recommendations implemented? Yes ☐ No ☐
8. Has the Proposer received any complaints or notices with respect to any breaches of any investment mandate guidelines? Yes ☐ No ☐
9. (a) Has the Proposer or any of its directors, officers, partners, trustees or employees been involved in the following:
- (i) a civil or criminal action or administrative proceeding with respect to a violation of a law regulating competition, fair trade laws securities laws, copyright laws, or patent litigation? Yes ☐ No ☐
- (ii) any representative actions, class actions or derivative suits? Yes ☐ No ☐

(b) Has any third party claim been brought against the Proposer or any of its directors, officers, partners, trustees or employees during the last 5 years? Yes ☐ No ☐

If "yes", please provide full details on a separate sheet.

(c) Has the Proposer sustained any first party loss during the past 5 years? Yes ☐ No ☐

If "yes", please provide full details on a separate sheet.

(d) Does the Proposer, after full enquiry, or any of its directors, officers, partners, trustees or employees have any knowledge, of any act, omission, fact, event or circumstances which might give rise to a claim, or may result in a loss, under the proposed insurance? Yes ☐ No ☐

If "yes", please provide full details on a separate sheet.

10. In case of "Yes" in any response to questions from 6-9 of the above, please describe what corrective measures were taken to prevent similar losses

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Additional Details:

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

Type of Organization

☐ Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐ International Organization
☐ Trust ☐ Partnership ☐ Cooperatives ☐ 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. IRDAN108CP0001V01200304

Declaration

I declare that statements and particulars in this proposal form are true and no material facts have been misstated or suppressed after full enquiry. I agree that this proposal, together with any other information supplied shall form the basis of the contract of Insurance affected thereon. I undertake to inform Insurers of any material alterations to those facts occurring before the completion of the contract of Insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed: _____ Title: _____
(authorised signatory of the Proposer)

Company: _____ Date: _____