Corporate Guard - Public Offering of Securities Insurance

Proposal Form

Proposer Details:

1.	(a) Name of Company			
	(b) Principal Address			
	Landmark		Area	
	City/Town		PIN Code	
	District		State	
	Email ID			
	Mobile No.			
	(c) Date of Incorporation			
	(d) Country of Registration			
	(e) Nature of business			
	(f) Company has continually been operating since			
	(g) Total number of locations			
2.	(a) Are any of the Proposer's securities or those of its subsidiaries publicly traded or the subject of a "shelf registration"?	☐ Yes ☐ No		
	If "yes", please indicate below which securities are publicly traded or the subject of a "shelf registration" and give details of the securities on a separate sheet. ☐ Equity ☐ Debt ☐ Mixed			
	Please also specify the names of the Stock Exchanges on which the Proposer's securities are listed or proposed to be listed.			
	(b) Total number of voting shares outstanding			
	(c) Total number of voting shareholders			
	(d) Total number of voting shares owned by the Company's directors and officers, both direct and beneficial			
	Total number of shareholders			
	(e) Does any shareholder own 15% or more of the voting shares directly or beneficially?	☐ Yes ☐ No		
	Please verify the significance of 15%.			
	If "yes", please give the shareholders name and percentage of holdings.			

If there are no such shareholders state here "none": _____

(f) Are there any other securities convertible to voting shares? ☐ Yes ☐ No

If "yes", please describe fully.

If no, state here "none": _____

3. Please list all direct and indirect subsidiary companies.

Company Name	Business or Type of Operation	% of Ownership	Date Acquired or Created	Country of Incorporation

4. Does the Proposer or any director or officer have Director's & Officers Liability Insurance cover currently in force? ☐ Yes ☐ No

If "yes", please state:

(a) Insurer

(b) Indemnity Limit

(c) Expiry Date

5. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability policy? ☐ Yes ☐ No

If "yes", please give details.

Cover Extension for Additional Insureds:

6. (a) Is the Proposer requesting cover for any of the following for Securities Claims (as defined in policy) in connection with the public offering? ☐ Yes ☐ No

If "yes", please indicate if cover is required and whether or not such individuals or entities are referred to in the Particulars (including any SEC Registration Statement) listed in Item 7.

	Cover Requested Y/N	Listed in Particulars or Registration Statement Y/N
Controlling Shareholders		
Selling Shareholders		
Underwriters		
Solicitors for the Company		
Solicitors for the Underwriters		
Accountants		
Experts		

(b) If "yes", and such individuals or entities are not referred to in the Particulars or Registration Statement, please provide full details of each individual on a separate sheet.

Initial Public Offering Particulars (including any SEC Registration Statement):

7. Please give the filing date of the particulars/ registration statement number for all Initial Public Offerings since incorporation of the Company, including any SEC Registration Statements. Please continue on a separate sheet if necessary.

Filing Date Particulars/ Registration Statement Number

8. Are any plans for merger, acquisition or consolidation of or by the Proposer or any of its subsidiaries being considered?	☐ Yes ☐ No
(a) If "yes", have they been approved by the board of directors?	☐ Yes ☐ No
Date of approval	
(b) If so, have they been submitted to the shareholders for approval?	
Date of approval	
9. Does the Proposer or any of its subsidiaries intend to list its securities on any Stock Exchanges or any other offering of securities other than the Initial Public Offering described in 7. Above, within the next year?	☐ Yes ☐ No

Claims Information

10. (a) Has there been or is there now pending any claim(s) against a director, officer or employee proposed for insurance in his or her capacity as a director, officer or employee of the Proposer or any of its subsidiaries?	☐ Yes ☐ No
If "yes", please give full details on a separate sheet.	
(b) Has there been or is there now pending any claim(s) against the Proposer or any of its subsidiaries with regard to the securities of the Proposer or any of its subsidiaries?	☐ Yes ☐ No
If "yes", please give full details on a separate sheet.	
11. Does the Proposer or any of its subsidiaries have knowledge or information of any act, error or omission which might give rise to a securities claim under the proposed policy?	☐ Yes ☐ No
If "yes", please attach complete details on a separate sheet.	
If they have no such knowledge or information, state here "none": _____	
(a) Has there been or is now pending any claims / litigation against the Proposer Company or any of its subsidiaries, its Director, Officer or employee in connection with previous Public Offering(s).	

Indemnity Limit:

12. Please indicate amount of indemnity required:

☐ ₹50,000,000 ☐ ₹100,000,000 ☐ ₹150,000,000 ☐ Other, please state _____

Please Enclose With This Proposal Form:

(a) All offer documents or listing particulars (including any registration statements with the SEC) filed within the last twelve months, including any amendments thereto.

(b) A copy of the final particulars in connection with the Initial Public Offering.

(c) A copy of the underwriting agreement, which sets forth the indemnification of the Proposer in connection with the Initial Public Offering.

(d) Copies of the Annual Report containing Balance sheet, Profit & Loss Account, Directors Report and Auditors Report of the previous three years.

Payment Details:

Mode of payment	
Payment Details	
Amount (In ₹):	

Bank Account No.			
Branch Name & Address			
Bank IFSC Code		MICR Code	
Bank details for premium refund in case of cancellation and for payment of claims, ☐ Yes ☐ No			
If NO, please provide additional bank details in below provided space:			
Bank Account No.			
Branch Name & Address			
Bank IFSC Code		MICR Code	

Additional Details:

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

Type of Organisation

- ☐ Corporations
- ☐ Non Governmental Organizations
- ☐ International Organization
- ☐ Partnership
- ☐ Section 25 Company
- ☐ Governments
- ☐ Society
- ☐ Trust
- ☐ Cooperatives

PAN card number (10 character number)

Sources of funds: ☐ Salary ☐ Business ☐ Others (please specify) _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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 Prospectuses 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 the 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 person(s).
**"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.

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the proposer:

Name & Signature of agent/intermediary:

Agent Declaration:

I,_____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorised 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 herein 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/Corporate Agent/Broker/Relationship Officer): _____

Name of the Specified Person and Code: _____

Place: _____ **Date:** _____ **Signature of Agent:** _____

Declaration:

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this supplemental proposal are true and no material facts have been misstated or suppressed. I agree that this proposal forms, any attachment, any information submitted therewith and any and all other information supplied or requested, shall form the basis of any Contract of Insurance effected thereon. I further undertake to inform Insurers of any material alteration to any information, statements, representations or facts presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy.

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

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement.

In case there is a change in any of the information already provided in the proposal form like mobile number, email IDs, address, bank account details, during the term of the policy, policyholder should update such information with the insurer, to enable the insurer to provide efficient policy servicing.

Signed:

Title: _____

(Authorized signatory of the Insured)

Company: _____ **Date:** _____

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

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the Policy wordings carefully, available on our website **www.tataaig.com** before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.