

## PROPOSAL FORM

### Proposer Details

1. (a) Name of Company \_\_\_\_\_  
(b) Address of Head Office \_\_\_\_\_  
(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? \_\_\_\_\_  
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? Yes ☐ No ☐

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": \_\_\_\_\_

11. 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.

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

#### Additional Information

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](http://www.tataaig.com) | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

**IRDA Approved Product Name & Product UIN no. IRDAN108P0001V01200506**

**Declaration**

The undersigned authorised officer of the Proposer declares that the statements set forth herein are true. The undersigned authorised officer agrees that if the information supplied on this proposal changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance.

Signing of this proposal does not bind the Proposer or the insurer to complete the insurance, but it is agreed that this proposal shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by Chairman / Chief executive or equivalent)

Company: \_\_\_\_\_ Date: \_\_\_\_\_