

PROPOSAL FORM

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS – MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMIT 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: _____

Address: _____

2. Limit of liability desired: _____

3. Deductible: _____

4. Please describe in detail the professional activities for which coverage is desired: _____

5. Is the proposer engaged in any business or profession other than as described in Item 4? _____

If yes, please attach an explanation and estimated receipts.

6. List the total gross receipts for the past three years derived from those activities in Question 4. In addition, please list projected receipts for the current year.

	YEAR	AMOUNT
a)	Current Projected	Rs.
b)		Rs.
c)		Rs.
d)		Rs.

7. For the receipts listed in Question 6a), please give the approximate percentage derived from each of the activities listed in Question 4.

ACTIVITY	% of 6a) RECEIPTS
	%
	%
	%

8. Proposer is: Corporation Partnership Individual

9. Year Established: _____

10. Is the Proposer Firm controlled, owned or associated with any other firm, corporation or company? Yes No

If yes, attach an explanation

Are any activities listed in Question 4 provided to such business enterprise? Yes No

11. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients:

b) Number of non-professional employees (clerks, secretaries, etc.) _____

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12. Please provide the following:

Name in full of ALL Partners/Principals/ Key Employees	Professional Qualifications	Date Qualified	How long in practice	How long as Partner/ Principal

13. To what professional association(s) does the Proposer Firm belong? _____

14. Please include a list of Proposer Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Proposer Firm use a written contract with clients? In call cases Sometimes Never
Please attach a copy of your standard contract.

16. What percentage of the Proposer Firm's business involves subcontracting of work to others _____% does the Proposer Firm provide professional services to business entities in which it retains an ownership interest Yes No

If yes, please explain. _____

17. Has any similar insurance ever been declined or cancelled? Yes No
(If yes, attach explanation)

18. Is similar insurance currently in force? Yes No
If yes, please provide:

Name of Carrier: _____ Expiration Date: _____

Limit: _____ Deductible: _____ Premium: _____

Length of time coverage has been in force: _____

19. Attach current annual report and descriptive or promotional materials

20. Have any of the individuals listed in Question No.12 ever been the subject of disciplinary action by authorities as a result of their professional activities? If yes, please explain. _____

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him. Yes No
(If yes, attach full particulars)

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22. Attach list and status of all errors and omissions claims made against any proposed Insured(s) during the past three years.
If none, please check here: NONE

It is agreed with respect to Question #20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

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) _____

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY WHICH THIS PROPOSAL IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS PROPOSAL ARE HEREBY INCORPORATED BY REFERENCE INTO THIS PROPOSAL AND MADE A PART HEREOF.

PRODUCER _____ PROPOSER'S SIGNATURE _____

ADDRESS _____

TITLE _____ DATE _____

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. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), 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

SPECIALISED PROFESSIONAL LIABILITY POLICY

UIN: IRDAN108CP0057V01201819



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IRDA Approved Product Name & Product UIN no. IRDAN108P0006V01200607

IF A POLICY IS ISSUED THE PROPOSAL IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this Policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this Policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

INSURED: _____

BY: _____

TITLE: _____

DATE: _____

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 THE 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 TIME WHEN 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 OF AGREEMENT TO BIND THE INSURANCE.

Specialised Professional Liability Policy UIN: IRDAN108CP0057V01201819