

Tata AIG General Insurance Company Limited

ExecutiveEdge Proposal form

Policy issuing office:

Policy servicing office:

Intermediary/Agent Name:

Intermediary License no /Agent code.:

Intermediary/Agent Contact No.:

Proposer Details

1. Name of Proposer

Company Website/URL:

2. Address of Head Office

3. Country of Registration:

4. Date of incorporation/formation:

5. State the principal business activities of the Proposer and its subsidiaries? _____

6. Limit(s) of Liability & Jurisdiction(s) being requested:

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7. Give a complete list of all subsidiary companies not listed in the company's last annual report, including country of registration and percentage owned by Proposer. Please use attachment.

N.B. Hereinafter the Proposer and its subsidiaries shall be known as the "Company."

8. During the last twelve months has:

- (a) the name of the Proposer changed? ☐ Yes ☐ No
- (b) any acquisition or merger occurred involving the Proposer or any subsidiary?..... ☐ Yes ☐ No
- (c) any subsidiary been sold or ceased activities?..... ☐ Yes ☐ No
- (d) the Company undergone a Management buy out, Leveraged buy out or the Proposer undergone any other change in capital structure? ☐ Yes ☐ No

If "yes" to any of the above please give details.

9. Does the Company or any director or officer have Directors & Officers

Liability Insurance currently in force?..... ☐ Yes ☐ No

If "yes" please state:

- (a) Insurer: _____
- (b) Policy Number:
- (c) Indemnity Limit:
- (d) Expiry Date:
- (e) Premium:
- (f) Retention(s):

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10. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability Insurance? ☐ Yes ☐ No
If “yes” please give details.
11. Is the Proposer publicly traded (equity or debt)?..... ☐ Yes ☐ No
12. Is any subsidiary of the Proposer publicly traded (equity or debt)?..... ☐ Yes ☐ No
13. If “yes” to question 11 or 12 then please specify the following for the Proposer and/or any such subsidiary:

Name of entity	Country of formation or incorporation	Each country listed	Each securities exchange/ market per country	Type of listing (direct, ADR and level, OTC) and registration number	Percentage of all securities traded and type of security

14. Please list for the Company:
- (a) Total number of shareholders:
- (b) Total number of shares issued: _____

Tata AIG General Insurance Company Limited
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- (c) _____ Total number of shares (percentage) held by the directors and officers of the Company (both direct and beneficial), combined:
- (d) Total number of shares (percentage) held by institutional investors:
- (e) All security holders(**including parent/holding company**), holding a 5% or more ownership interest in the Proposer, or any subsidiary that is publicly traded, giving the shareholder's name and the percentage held:

<u>Name of Holder & Location</u>	<u>Entity</u>	<u>Percentage of Ownership</u>
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15. (a) Is the Company considering any acquisition, tender offer, merger, buy-out or other change in equity structure? ☐ Yes ☐ No
- (b) Is the Company aware of whether any other company or entity is considering an acquisition, tender offer, merger, buy-out or other change in equity structure of which the Proposer or any subsidiary would be a target? ☐ Yes ☐ No
- (c) Is the Company intending either a new public offering of securities (equity or debt), or a change in the listing status of its existing securities, within the next year?..... ☐ Yes ☐ No

If "yes" to any of the above, please provide specific details. _____

16. (a) Have any Directors and / or Executive Officers of the Proposer or of any subsidiary of the Proposer incorporated or domiciled in the United States of America resigned or been replaced in the past 12 months? ☐ Yes ☐ No

If "Yes," who, title and why?

- (b) Is the Company considering a replacement or addition of any Directors and Officers of the Proposer or of any subsidiary of the Proposer incorporated or domiciled in the United States of America? ☐ Yes ☐ No

If "Yes," who, title and why?

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17. Does the Company have an internal Audit Committee?..... ☐ Yes ☐ No

If yes:

(a) are all members of the internal Audit Committee independent directors? ☐ Yes ☐ No

(b) does the audit committee meet more than four times per year?..... ☐ Yes ☐ No

(c) has any member of the internal audit committee resigned or been replaced within the past twelve months? ☐ Yes ☐ No

If “yes” to question 17(c), who and why?

Solely for the purposes of this question 17 the term “Independent director(s)” means a person other than an officer or employee of the company who: (1) has not been an employee or officer of the company for at least three years; and (2) is not a partner in, or controlling shareholders of, the Company.

18. (i) Has the Company changed its external auditing firm in the past three years?..... ☐ Yes ☐ No

If “yes,” why and when?

(ii) Does the Company have any plans to remove or replace its external auditor in the next 12 months?..... ☐ Yes ☐ No

If “Yes,” why and to whom?

19. (a) Have the Company’s external auditors recommended changes to the revenue recognition or other significant accounting practices in the past 12 months?..... ☐ Yes ☐ No

(b) Has the Company changed its revenue recognition or other significant accounting practices in the past 12 months?..... ☐ Yes ☐ No

(c) Has the Company decided that it will change any of its revenue recognition or other significant accounting practices?..... ☐ Yes ☐ No

If “yes,” to (a), (b) or (c) please provide specific details.

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20. Has the Company ever restated its financial results? ☐ Yes ☐ No

If “yes,” please provide details.

21. Does the Company plan to take a significant one time charge to earnings, or restate earnings, within the next 12 months? ☐ Yes ☐ No

If “yes,” please provide details.

If “yes” to question 21, it is agreed that the proposed policy shall not provide any coverage for loss in connection with any claim, investigation, proceeding or action alleging or arising from such event, unless an endorsement is added to the proposed policy specifically extending coverage to such arising.

22. Please provide the total number of employees for the Company, and a breakdown of employees as follows:

Location	Number of employees
India/Country where the head office of the Proposer is located	
Rest of Continental Europe	
United Kingdom	
USA	
Canada	
Rest of the World	
Total	

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Cover for the United States of America

Please complete questions 23-26 if the Proposer is requesting any coverage for claims brought in the United States of America or claims made elsewhere arising out of the Company's operations in the United States of America.

If no securities of either the Proposer and any of its subsidiaries are publicly traded in the United States of America, and the Company does not plan to list any securities of the Proposer or any of its subsidiaries in the United States of America within the next 12 months, skip questions 23 and 24.

23. Does the Company's internal audit committee structure and/or procedures comply with U.S. statutes, rules or regulations regarding internal audit committees? (i.e. composition, financial background, independence, required meetings, charter, etc.)..... ☐Yes ☐No

24. Are the Company's financial statements required to be consolidated, or reconciled, in accordance with U.S. Generally Accepted Accounting Principles (GAAP)? ☐Yes ☐No

If "Yes," to question 24, are the company's financial statements, generally, in accordance with US GAAP?..... ☐Yes ☐No

25. Is the U.S. SEC or U.S. IRS presently investigation or requesting information from the Company or any director or officer of the Company?..... ☐Yes ☐No

If "yes," please provide details.

26. Please state total gross assets in the United States:

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The following questions are to be completed by all applicants.

Claims Information

27. Has there been or is there now pending any claim(s) or actions against or investigation(s) of: (i) the Company thereof; and/or (ii) any person proposed for insurance in his or her capacity as a director or officer of any Company?..... ☐ Yes ☐ No

If “yes,” please provide details.

28. Does any directors or officers of the company, the General Counsel (or equivalent person) of the company and the risk manager of the company have any knowledge or information of any act, error or omission which could reasonably give rise to a claim, investigation or action under the proposed policy, except as follows: (Attach complete details.) ☐ Yes ☐ No

If “yes,” please provide details.

29. Has any person or entity proposed for coverage : (i) been involved in any antitrust, copyright or patent litigation; (ii) been charged in any civil, criminal, administrative or regulatory action or proceeding, with a violation of any India or state or foreign law (whether national or federal), rule or regulation governing antitrust, fair trade or securities; or (iii) been involved in any representative actions, class actions, or derivative suits (any of which in (i), (ii) or (iii) being a “Prior Action”)? ☐ Yes ☐ No

If “yes,” please provide details.

It is agreed that with respect to Questions 27, 28 and 29 above, that if such claim, proceeding, action, knowledge, information or involvement exists, then such claim, proceeding or action and any claim or action arising from such claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.

Documentation

30. Provide copies of the following for the Company.
- (a) Latest annual report
 - (b) Latest interim financial available
 - (c) Latest audited financials
 - (d) Any securities registration statements filed with the local government agency during the last 2 years

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- (e) Any other periodic reports which are required to be filed with the local government agency that regulates securities during the last 12 months

If the Company has any securities (equity or debt) listed or traded in the United States of America, then:

- (f) Latest 20-F filed with the U.S. Securities and Exchange Commission (U.S. SEC) or similar U.S. state agency or non-U.S. agency
- (g) All 6-K's filed with the U.S. SEC (or similar U.S. state agency or non-U.S. agency) within the last year
- (h) All F-1's or registration statements filed with the U.S. SEC (or similar U.S. state agency or non-US agency) within the last twelve months.
- (i) Copies of financial statements certified by the CEO and CFO.

It is agreed that the Proposer will file with the Insurer, as soon as it becomes available, a copy of each registration statement and annual or interim report which the Proposer or any subsidiary may from time to time file with any local or foreign governmental, regulatory body or agency that regulates securities (including but not limited to the US Securities and Exchange Commission).

Premium Payment Details

Payment by: Credit Card/Debit Card/ Cheque/ Cash/ Account Transfer/ Others (Tick ✓ whichever is applicable)

Bank Name	Instrument Date	Amount (in INR)

BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS)
For this purpose, please submit the following details of the Proposer's bank account.

Name of the account holder :

Name of the bank :

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Branch Name:

Account no. Bank IFSC code :

Account Type :
(please specify)

SB Account

Current Account

Others

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned Account is to be attached. #mandatory if annualized premium is more than Rs 10,000

AML Guidelines

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.”

Nationality: Indian ☐ Non -Indian ☐ If Non -Indian, please specify the country

Type of Organization making the payment (Please tick)

Limited Company ☐ Government ☐

Non-Government Organization ☐ Society ☐

Partnership ☐ Trust ☐ International Organization ☐

Cooperative ☐ Section 25 Company ☐

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Date:

Signature of the Applicant:

Declaration

The content of this form along with the product benefits, terms/conditions and exclusions have been clearly explained to me/Us. I/We have understood these and confirm to abide by policy terms & conditions

Signature of the Applicant: _____

Name & Signature of the Intermediary: _____

Intermediary Code: _____

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

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

Signature/Thumb impression of the Applicant: _____

Name & Signature of agent/intermediary: _____

Agent Declaration

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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 Applicant 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 Tata AIG and the Applicant, if this Proposal is accepted by Tata AIG 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, Tata AIG 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 Tata AIG as null and void and all premiums paid under the Policy may be forfeited to Tata AIG.

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Licensee No. _____ (Intermediary/Corporate Agent/Broker/Relationship Officer)

Name of the specified Person and code _____

Place:

Date:

Signature:

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

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 prospectus or tables of the insurer.

Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

Section 64 VB of Insurance Act

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

NOTICE TO APPLICANTS:

This application does not bind the Applicant or the Insurer. However, it is agreed that this application will be the basis of the contract, should a policy be issued, and will be attached to, and made part of the policy. The Applicant agrees that if the information supplied on this application changes between the date of this application and the inception date of this policy, the Applicant will immediately notify the Insurer of such changes.

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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.

Signed

Title
CEO or Chairman of the Board of Directors

(authorised signatory of the insured)

Company

Date