

Proposal Form

Proposer Details:

1. Name of Company			
2. Principal address			
Landmark		Area	
City/Town		PIN Code	
District		State	
Email ID			
Mobile No.			
3. Registered only in India			☐ Yes ☐ No
4. (a) How long has the Company continually carried on business?			
(b) State business activities of the Company and its subsidiaries?			
5. During the last five years has:			
(a) The name of the Parent Company changed?			☐ Yes ☐ No
(b) Any acquisition or merger taken place?			☐ Yes ☐ No
(c) Any subsidiary company been sold or ceased trading?			☐ Yes ☐ No
(d) The capital structure of the Parent Company changed?			☐ Yes ☐ No
If "yes" please give details.			
6 Do you have any assets in North America (USA and Canada)			☐ Yes ☐ No
7 Do you have subsidiary companies?			☐ Yes ☐ No
(a) Are they all located in India			☐ Yes ☐ No
(b) Is the nature of their business the same as the proposer			☐ Yes ☐ No
8 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) Indemnity Limit			
(c) Expiry Date			

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India

24*7 Customer Support No.: 022 6489 8282 • Email: customersupport@tataaig.com • Website: www.tataaig.com

IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • Highlight Named Peril D&O Insurance UIN: IRDAN108CP0001V01200405

9. 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

Claims Information:

10. Have claims ever been made against any past or present Director or Officer of the Company or its subsidiaries?

☐ Yes ☐ No

If "yes", please give details

11. Have claims ever been made against the Company or its subsidiaries?

☐ Yes ☐ No

If "yes", please give details

12. Is the Proposer aware, after inquiry, of any circumstance or incident which may give rise to a claim?

☐ Yes ☐ No

If "yes", please give details

Indemnity Limit:

13. Amount of Indemnity required (please tick)

☐ ` 10,000,000 ☐ ` 20,000,000 ☐ ` 50,000,000 ☐ Other

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

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

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.

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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 with Code: _____

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: _____

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Highlight Named Peril D&O Insurance

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.

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