

**PROPOSAL FORM -
DIRECTORS & OFFICERS INSURANCE POLICY**



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai, Maharashtra, India, 400093
Tel. : 022-41659800 / 69639900, Email : contactus@universalsampo.com

These are the minimum requirements to be furnished by You. We may seek any other information as desired for underwriting purposes.

- 1) Please tick the boxes wherever applicable. Please fill in CAPITALS.
 - 2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
 - 3) All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.
 - 4) All fields are mandatory.
 5. Please type or print answers clearly.
 6. Answer all questions completely, leaving no blanks. If any questions, or part thereof, do not apply, type or print 'N/A' in the space.
 7. Provide any supporting information on a separate sheet using the Company's letterhead.
 8. Check 'Yes' or 'No' answers.
 9. This form must be completed, dated and signed by an authorised officer of your Company (CEO; CFO; Company Secretary or equivalent).
 10. Please enclose copies of the following with this proposal:
 - A. The latest annual report and audited accounts for the Company (previous 3 years if the risk has been presented to us for the first time)
 - B. The latest interim financial statement(s) (where applicable).
 - C. Any Listing Particulars / Prospectus published in the last 12 months.
 11. A copy of this proposal should be retained for your records.
- Note:* In deciding whether to accept the insurance and in setting the terms and premium, we will rely on the information you have given us herein* You must give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances ensuring that all information provided is correct, accurate and complete.

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| Intermediary Name, Contact No, Code & Email | | Intermediary Sales Persons Name, Contact No & Code | |
| Source Code/POS UID Aadhar No./PAN | | Policy Issuing Office Address & Code | |

Section 1 – Your company

| | |
|--|---|
| 1.1 Your Company Name | |
| Address of Registered Office & Pincode | |
| Contact No & Email Id | |
| Website | |
| Address Proof: | Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/> |
| CKYC No: | |
| <input type="checkbox"/> I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing. | |
| Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with _____ Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/> | |
| Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally") | |
| When was your company established? | |
| Country of incorporation / registration (if not incorporated/registered in India) | |
| 1.2 Turnover | |
| Turnover in last financial year (total for all subsidiaries to be insured) | |
| 1.3 Your business activities (including that of Subsidiary Companies) | |
| a. Please describe your company's activities below: | |
| b. Is your company (please tick appropriate box): | Public <input type="checkbox"/> Private <input type="checkbox"/> Charity or Association <input type="checkbox"/> |
| If Public please specify if shares are listed in any stock exchange? | |
| 1.4 History | |
| During the last three years has: | |
| a. The name of the parent company changed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Any acquisition or merger taken place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Any subsidiary company been sold or ceased trading? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. The capital structure of the parent company changed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes to any of the above, please give full details: | |
| 1.5 Acquisitions / mergers | |
| a. Does the company or subsidiary have any offer, acquisition or merger pending or under consideration? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Is the company or subsidiary aware of any proposal relating to its acquisition by another company? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| c. Is the company or subsidiary planning any new public or private offering of securities within the next year? If Yes to any of the above, please give details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Please detail any acquisitions or created subsidiaries since the last audited financial statements and accounts? | |
| 1.6 Directors Have any directors of the company resigned or been replaced in the last 12 months? If Yes, please give details including reason for departure: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 1.7 Share ownership Please list: | |
| a. Total number of shareholders | |
| b. Total number of shares issued | |
| c. Do you have any shareholders who hold more than 15% of the ordinary shares? If Yes, please give details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 2 – Policies and procedures

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| 2.1 Corporate Governance Does your company comply with all SEBI Regulations / Corporate Governance requirements as per law? If No, please advise exceptions: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2.2 Accounting policies a. Have any adverse comments been raised by any regulatory body / auditor in last 3 years? If Yes, please give details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Is the company likely to be restating earnings for any previous year or taking a one-time charge in the next 12 months? If Yes, please give details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2.3 Health and safety policies a. Does the company have a written health and safety policy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Is the policy distributed / made available to all new and existing employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Have your health and safety policies been reviewed within the last 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Have all recommendations on health and safety procedures been complied with? If No to any of the above, please advise alternative procedures in place: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2.4 Segregation of duties Does dual control exist on signing cheques (above Rs 50,000 in value), issuing instructions for disbursement of assets or fund transfers etc? If No, please advise alternative procedure in place: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 3 – Employment practices

| | | | | |
|---|--|--------------|---|-------------------|
| 3.1 Number of employees a. Please list number of: | | | | |
| | India | USA / Canada | EU / ANZ | Rest of the world |
| i. Full-time employees (including directors): | | | | |
| ii. Part-time employees (including seasonal and temporary staff): | | | | |
| b. Number of employees (including directors) with annual salaries: | Up to Rs 50 Lakhs <input type="checkbox"/> | | Above Rs 50 Lakhs: <input type="checkbox"/> | |
| 3.2 Employee departures a. How many employees (including directors) have left the company (voluntarily and non-voluntarily) in the last 12 months? | | | | |
| b. Do you anticipate that the company will make any redundancies in the next 12 months? If Yes, please give details: | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

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| 3.3 Human resources management | |
| a. Does the company have a human resources department to cover all company locations? If Yes, how many employees work in this department? If No, how is this function handled? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Do each of your subsidiaries have a dedicated human resources function? If No, please advise how issues are handled in each location: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Does the company have a written human resources manual or equivalent written management guidelines? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Does the company have a written employee handbook or procedure manual? If Yes, please advise date of publication, latest update, responsibility for, and how often updated and means of distribution to managerial and all other employees: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Please confirm if the employee manual / handbook contains written procedures in place with respect to the following: | |
| i. Recruitment / termination? Yes <input type="checkbox"/> No <input type="checkbox"/> | ii. Discrimination / harassment? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| iii. employee discipline procedures? Yes <input type="checkbox"/> No <input type="checkbox"/> | iv. confidential treatment of employee information? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| v. compliance with employment related statutes? Yes <input type="checkbox"/> No <input type="checkbox"/> | vi. employee complaints / whistle-blower procedures? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No to any of the above, please advise of any alternative procedure in place: | |
| 3.4 Prospective employees | |
| a. Are all prospective employees required to complete a written employment application prior to employment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Are all offers of employment reviewed by your human resources team? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Is there a formal orientation program for new employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Are regular, written performance evaluations completed for and provided to all employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No to any of the above, please advise alternative procedure in place: | |
| 3.5 Disciplinary action | |
| Is any disciplinary action or employee termination subject to prior review and approval by your human resources team? If No to any of the above, please advise of any alternative procedure in place: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.6 Legal department | |
| Does the company have a legal department? If Yes, please advise if/when they are involved in human resources issues: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.7 External advice | |
| Does the company outsource any of the human resources, health and safety or legal functions? If Yes, please give details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 4 – Activities in North America - Please complete this section if you have any operations or business activities in North America.

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| 4.1 Assets | |
| Please advise the total gross assets within USA and Canada | |
| 4.2 Turnover | |
| Please advise percentage of turnover derived from activities taking place within the USA and Canada | |
| 4.3 Ownership | |
| Do you have any subsidiaries in the USA / Canada and are these wholly owned by You: If No, please give details of minority shareholder's interest: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4.4 Shares / debt trading | |
| Does your company / subsidiary have any shares or debt instruments: equity, debts, shares (including those traded as American Depository Receipts), notes, bonds, debentures, etc. traded in North America? If Yes, please furnish full particulars | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 5 – Insurance Particulars

Please ensure to complete this section.

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| 5.1 Limit of indemnity What limit of indemnity is required? Other Please specify desired limit: | Rs 5 crores <input type="checkbox"/> Rs 10 crores <input type="checkbox"/> Rs. 25 crores <input type="checkbox"/> Rs 50 crores <input type="checkbox"/> |
| 5.2 Previous insurance Does the company currently have any Directors & Officers / Management Liability policy currently in force? If Yes, please provide full details including date of first purchase: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.3 Entity Cover a. Do you require Securities Coverage for your Company? b. Do you require Employment Practices Liability Coverage for your Company? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.4 Cover refusal / cancellation Has the company or any director, officer or employee ever been refused similar cover or had a similar policy cancelled or special terms imposed? If Yes, please give details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 6 – Claims History

All companies must complete this section.

All facts should be verified prior to answering these questions.

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| a. In the last five years has the company or any employee been subject to any regulatory investigation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Have there been any employment practices claims over the past three years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes to any of the above, please provide full details, including information regarding the type of investigation / claim; the parties involved; and any settlement or final determination of the investigation / claim. Please use a separate addendum if necessary: | |
| c. In the last five years, have there been any claims and/or investigations made against the company or its directors or employees which may have been covered by this policy had it been in force? If Yes, please provide full details, including information regarding the type of investigation / claim, the parties involved and any settlement or final determination of the claim / investigation: Please use a separate addendum if necessary. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Are any of the directors or employees of the company aware of any fact, circumstance, allegation or incident which may give rise to a claim or investigation under the proposed policy? If Yes, please provide full details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Add Ons / Optional Covers:

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Clauses Required:

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Payment Details:

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| Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card | |
| Premium Amount Rs. | Amount (In Words): |
| For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Company Ltd) | |
| Name of the Account Holder: | Instrument Amount (Rs) : |
| Instrument No.: | Bank A/C No.: |
| Instrument Date: | Bank Name and Branch: |
| IFSC Code : | UPI Id : |
| Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> | |
| Debit / Credit Card No: | Expiry Date: |
| Fund Transfer/Wallet : Name of Bank/Wallet | Transaction No. |
| PAN Number : | TAN Number : |

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

AML Declaration:

AML Guidelines:

- 1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
- 2.I understand that the company has the right to call for documents to establish the sources of funds.
- 3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- 4.Nationality: Indian Non-Indian
If Non-Indian, please specify the country _____

Declaration

1. I/We desire to insure with Universal Sompo General Insurance Company Limited in respect of the vehicle as described in this proposal form and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.
4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".
7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).
8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".
9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
10. I hereby authorize the Company to provide me an Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.
11. I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers for the purpose of proposal acceptance, underwriting and issuance of policy thereafter and accordingly I/We authorize the Company to do the same for the purpose of underwriting, policy issuance and servicing of the policy.
12. I/We hereby provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter and Rules/Regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my polices held with the Company.
13. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time
Place: _____
Date: _____

Signature of Proposer

CKYC Declarations

- 1.I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC
- 2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.
Place: _____
Date: _____

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - 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 or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Universal Sompo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

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