

# Bajaj Allianz Protect Platinum II

DIRECTORS AND OFFICERS LIABILITY  
AND COMPANY REIMBURSEMENT POLICY  
PROPOSAL FORM

The Following Documents Must Be Attached To The Proposal Form

- The audited consolidated accounts of the Applicant for the last two financial periods
- Copy of all circular letters sent to the Company's shareholders during the last two years.
- The latest Securities Filings (if applicable) and any copies of financial statements certified by the CEO and/or CFO.

## NOTICE TO THE PROPOSED INSURED

**Please note that you are to disclose in the proposal form fully and faithfully all facts that you know or ought to know which may affect the insurance cover being applied for. Otherwise the policy issued may be void or you may risk losing all cover or part of the cover under the policy.**

### 1. Disclosure of Relevant Facts

#### Your Duty of Disclosure

Before you enter into a contract of insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know. The disclosures that you make are relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

#### Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. Claims or circumstances, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

### 2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

### 3. Notice

Please note that whenever used in this Proposal Form, the term Applicant shall mean Policyholder and all or any of its Subsidiaries as defined in **Bajaj Allianz Protect Platinum II Directors and Officers Liability and Company Reimbursement Policy Wording**.

**SECTION 1 General Information**

- 1 a) Name of the Applicant:
- b) Address of Applicant:
- c) Country of Incorporation:
- d) Website:
- 2 a) Date of establishment:
- b) Business activities of Applicant
- 3 During the past three years:
- a) Has the name of the Applicant been changed?  Yes  No  
If YES, please specify
- b) Has any merger / acquisition / management buyout taken place?  Yes  No  
If YES, please specify
- 4 In the next 18 months
- a) Are any acquisitions/mergers/ takeovers/ divestments/spin-offs planned?  Yes  No
- b) Is the Applicant aware of any proposals of its being acquired by another company?  Yes  No
- c) Does the Applicant intend to make any new equity or debt securities offering?  Yes  No  
***If "YES" has been answered to any of the above, please give full details under a separate attachment.***
- 5 Is the Applicant
- a) Private
- b) Public   
If Public, please specify which Stock Exchange
- c) Any listed Securities<sup>1</sup>?  Yes  No  
If YES, please specify which Stock Exchange
- 6 a) Are there any shareholdings exceeding 10%?  Yes  No  
(If available, please attach the ownership structure of the Policyholder and its group of companies (both direct and beneficial))
- b) Are there any plans to change the ownership structure in the next 18 months?  Yes  No

<sup>1</sup> Securities means any of the following issued by the Policyholder or its subsidiaries:

(i) bonds, debentures, evidence of indebtedness, notes, shares, stocks or other equity or debt security; and  
(ii) certificates of interest or participation in, receipts for, warrants or other rights to subscribe to or purchase, voting trust certificates relating to, certificates of deposits for, or other documentary evidence of interest in any of the Securities referred to in (i) above.

**SECTION 2 North America Supplementary - to be completed only if applicable**

The following section is to be completed **ONLY** if cover is required in respect of claims made in the United States of America or claims made elsewhere arising out of the Applicant's operations in the United States of America.

1 Please provide the total assets held by the Applicant in United States of America.

Please provide total annual revenue derived from United States of America.

2 a) Are any of the Applicant's Securities publicly traded?  Yes  No

If YES, please specify the level of ADR and the date of listing

b) What is the amount of market capitalisation of such Securities?

3 Are there any Subsidiaries in United States of America or Canada?  Yes  No

If YES, please list

a) Name

b) Shareholding in Subsidiary

d) Is subsidiary private or listed?  private  listed

4 a) Are there any SEC inquiries or investigations pending against the Applicant or their directors or officers?  Yes  No

If YES, please give details.

b) Have there been any SEC inquiries or investigations pending against the Applicant or their directors or officers?  Yes  No

If YES, please give details.

***If "YES" has been answered to any of the above, please give full details under a separate attachment.***

**SECTION 3 Employment Practices Liability Proposal Form - to be completed only if cover is required**

	USA & Canada	USA & Canada	Other	Other
	Current Year	Previous Year	Current Year	Previous Year
1	Number of Directors			
	Number of full-time Employees			
	Number of part-time/temporary Employees			
	Total number of Employees			

2 Does the Applicant have a full time human resource manager?  Yes  No

If NO, please provide details on how this function is being handled

3 Is the Applicant conducted any retrenchments or staff reductions or plan to conduct any retrenchments or staff reductions in the next 18 months?  Yes  No  
If YES, please give full details

4 a) Does the Applicant have a written employment contract with all Employees?  Yes  No

b) Does the Applicant have a have any human resources manual or other written management guidelines which address discrimination, sexual harassment, disciplinary actions and terminations or layoffs?  Yes  No

***If NO to any of the above questions, please provide full details on how such matters are handled and by whom.***

**SECTION 4 Claims History**

1 Have any claims ever been brought against any past or present Director or Officer of the Applicant.  Yes  No

If YES, please give details.

2 Has the Applicant or any of their directors or officers been subject to an inquiry or investigation or requested to assist in any inquiry or investigation by a regulator stock exchange or any other government body?  Yes  No

If YES, please give details.

3 Has any notification and/or claim been made under any prior or current Directors and Officers Liability policy or similar insurance?  Yes  No

If YES, please give details.

4 Is the Applicant aware, after enquiry, of any circumstance or incident which may give rise to a claim under the proposed policy?  Yes  No

If YES, please give details.

**The following questions to be completed by the Applicant.**

**Section 5 Insurance History**

1 If the Applicant or any Directors and Officers have Directors and Officers Insurance currently in force, please state details:  
 Insurer  
 Limit of Liability  
 Expiry Date

Limit of Liability required

- a)
- b)
- c)

2 Has the Applicant ever been refused this type of Insurance or had a similar Insurance cancelled?  Yes  No

If YES, please give reasons for refusal or cancellation.

**Declaration**

I/We understand and agree that any information provided herein and/or in any other related document may be provided to third parties in relation to the insurance cover applied for including without limitation, vendors, reinsurers and professional advisers. For the avoidance of doubt, such consent applies to all information provided by the undersigned for and/or on behalf of the proposed insured(s), where applicable.

I DECLARE that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been misstated or suppressed after reasonable enquiry. I undertake to inform insurers of any material alteration to those facts occurring before inception of the insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed .....  
 Chairman/Chief Executive/Managing Director

(This form must be signed by the Chairman, Chief Executive or Managing Director)

Company .....

Date .....

**\* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.**

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

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 the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

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