

# PROPOSAL FORM - DIRECTORS AND OFFICERS LIABILITY INSURANCE POLICY

## PROPOSER DETAILS

1. Name of Company
2. Address of Head Office   
  
City  State   
Pin Code  Landline No.
3. Country of Incorporation/Registration
4. What is your principal business:
5. a) How long has the Company been in the above business? \_\_\_\_\_  
b) State other business activities (if any) of the Company and its subsidiaries? \_\_\_\_\_
6. 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' to any of the above, please give details. \_\_\_\_\_
7. a) Has the Company any acquisition, tender offer or merger pending or under consideration Yes  No   
b) Is the Company aware of any proposal relating to its acquisition by another company? Yes  No   
c) Is the Company intending a new public offering of Securities within the next year in India, or elsewhere? Yes  No
8. Is the Company
  - a) Private Limited Yes  No
  - b) Public Limited Yes  No
  - c) Listed on any Indian Stock Exchange? Yes  No
  - d) Listed on foreign Stock Exchange? Yes  No

Please specify the exchange(s) \_\_\_\_\_

  - e) Listed on the Unlisted Securities Market Yes  No
  - f) Traded in any other way? Yes  No
9. Please list
  - a) Total number of shareholders \_\_\_\_\_
  - b) Total numbers of shares issued \_\_\_\_\_
  - c) Total number of shares held by Directors and Officers (both direct and beneficial) \_\_\_\_\_
  - d) All holdings representing 15% or more of the Ordinary Share Capital of the Company giving the holder and the percentage held by each. \_\_\_\_\_
10. Please give details of any change to the list of Directors and Officers given in the Company's last Report and Accounts.  
\_\_\_\_\_
11. Give complete list of all subsidiary companies including country of registration and percentage owned by Parent Company other than those shown in the last Report and Accounts.  
\_\_\_\_\_  
\_\_\_\_\_



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Indemnity Limit (Company Reimbursement coverage is inclusive in the limit)

20. Amount of Indemnity required Rs. \_\_\_\_\_

### Employment Practice Liability

21. Do you require Employment Practice Liability cover? If 'yes' please complete question 21-27 on the supplementary sheet attached. These questions form part of the proposal Document. Yes  No

### Employment Practices Liability

Questions 21-27 are only to be completed if cover is required in respect of Employment Practice Liability

22. Does the Proposer have a Human Resource Department?  
If 'Yes', how many employees are there in this department? Yes  No   
If 'No', how is the function handled? \_\_\_\_\_

23. How many officers and other employees have resigned, been terminated (with or without cause) or have taken early retirement within the last 24 months:

a) Employees \_\_\_\_\_ b) Officers \_\_\_\_\_

23. a) Does the Proposer have a written human resources manual or equivalent written management guidelines? Yes  No

b) Please tick box if the manual/guidelines indicate a Policy on procedures with respect to the following events:

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| • Written application for employment                           | <input type="checkbox"/> | • Employee appraisals / reviews                  | <input type="checkbox"/> |
| • Legally prohibited discrimination                            | <input type="checkbox"/> | • Confidential treatment of Medical examinations | <input type="checkbox"/> |
| • Compliance with statutes                                     | <input type="checkbox"/> | • Sexual harassment                              | <input type="checkbox"/> |
| • Redundancies, termination of Employment and early retirement | <input type="checkbox"/> | • Employee disciplinary actions                  | <input type="checkbox"/> |
|  |                          | • Employee out- patient services                 | <input type="checkbox"/> |

c) Please tick relevant boxes (✓) if decisions regarding these events are always subject to prior review by the Proposer's human resources department, legal department, or outside legal adviser. Individual decisions are always reviewed by:

	Human Resource Dept.	Legal Dept.	External Legal Advisor
1. Written application for employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confidential treatment of medical examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Legally prohibited discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Compliance with statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Employees disciplinary actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Redundancies, termination of employment and early retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employee out-placement services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Employee appraisals/reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) Does the Proposer have an employee handbook which is distributed to all employee \_\_\_\_\_ Yes  No   
If 'Yes', please attach such handbook to this proposal \_\_\_\_\_

24. Is the Proposer currently undergoing, or does the Proposer contemplate undergoing during the next 12 months, any form and any type of company restructuring office, plant, or store closure? Yes  No   
If 'Yes', please attach full details.

25. Please provide on a separate attachment full details of all wrongful termination, discrimination and sexual harassment claims made against the proposer or any of its directors, officers or employees during past five years including amounts of any judgments or settlements and costs of defence? If no such claim, please tick on "NO". Yes  No

26. Please provide on a separate attachment full details of all inquiries, investigation, grievances filings or other administrative hearings previously filed with or currently before any local or government agency governing employer responsibility to employees. Yes  No

27. Are there now or have been any employment practices claim(s) against the Proposer or any of its subsidiaries? Yes  No   
If 'Yes', please give details. \_\_\_\_\_

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

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## Declaration by Insured

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / we hereby agree that this declaration shall form the basis of the contract between me / us and the "MAGMA HDI GENERAL INSURANCE CO. LTD."

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Signed

Title

(To be signed by Chairman/Chief Executive Officer/Company Secretary)

Company

Date

D	D	M	M	Y	Y	Y	Y
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Please enclose with this Proposal Form

- The last three Annual Reports and Accounts for the Company
- If the Annual Reports are not prepared on a consolidated basis, the annual Reports of all subsidiaries listed in the Subsidiary enclosure.
- The last two interim Statements (if applicable)
- A copy of any provision under which the directors and officers may be indemnified.
- Any offer Documents/Listing particulars published in the last 12 months.

## 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 five hundred rupees.