

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

PROPOSAL FORM - ERRORS AND OMISSION INSURANCE POLICY (RETAIL) - SOLICITORS / ADVOCATES / LAWYERS / LEGAL COUNSELS

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

- 1) Name and Address of Proposer (or firm) with PAN No
- 2) When established:
- 3) Full details of work carried on
(Please attach brochure, information booklet, etc.
if any & specimen copy of contracts entered into)

4)	a)	Names in full of all Partners/Directors/ Principals	Qualifications in full	Date qualified	How long has the principal been in this practice
	b)	Is coverage required in respect of past work for any Partner/Principal who has left, retired or died? YES/NO. If 'YES' please give the following			
		Full Name	Qualifications	How long has the Principal been in this practice	

- 5) State:
 - a) No. of qualified lawyers
No. of other professionals
No. of administrative personnel including clerks, typists, office boys, etc.
No. of apprentices
 - b) Total amount of annual wages payable
- 6) Do you engage persons outside your organisation?
If yes, specify the details of purpose and nature of control exercised by you over them (specimen contract be enclosed).

Errors and Omission Insurance Policy (Retail)

UIN - IRDAN149RP0004V01201314

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202 |

Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

- 7) Loss record for 5 years:
- | <u>Year</u> | <u>Cause</u> | <u>Kind of Loss</u> | <u>Amount of Loss</u> |
|-------------|--------------|---------------------|-----------------------|
| 20 | | | |
| 20 | | | |
| 20 | | | |
| 20 | | | |
| 20 | | | |
- 8) Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)
- 9) Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?
- | <u>Year</u> | <u>Fee</u> |
|-------------|------------|
| 20..... | Rs..... |
| 20..... | Rs..... |
| 20..... | Rs..... |
| 20..... | Rs..... |
| 20..... | Rs..... |
- 10) (a) Annual fees earned during the last five years
- (b) Estimated fees for the current year 2.....
- 11) Previous Insurance History
- 12) Limits of Indemnity required : Any One Act : Rs.....
Any One Year : Rs.....
- 13) Voluntary Excess
- 14) Period of Insurance required From _____ To _____
- 15) Premium amount (including GST)

Premium Payment Details:														
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash														
Cheque /DD/ PO /UTR No. <input type="text"/>														
Payee Name/ Account Holder Name <input type="text"/>														
Date <input type="text"/>					IFSC <input type="text"/>					<input type="text"/>				

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Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?
 YES NO

If yes, please share the details of “Politically Exposed Persons”(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Additional Information:

Nationality: Indian Non-Indian If, Non-Indian, please specify Country:--

Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall

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be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's
Signature _____

Company stamp

Date: _____ Name: _____ Designation
(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (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 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 default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

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