

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

PROPOSAL FORM - DIRECTORS AND OFFICERS LIABILITY INSURANCE POLICY

(COMMERCIAL)

Proposer Details

1. Name of Company

2. Address of Head

Office _____

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

b) Any acquisition or merger taken place? Yes

c) Any Subsidiary company been sold or ceased trading? Yes

d) The capital structure of the Parent Company changed? Yes

If 'Yes' to any of the above, please give details.

Directors and Officers Liability Insurance Policy (Commercial)

UIN – IRDAN149CP0002V01201314

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

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VERSION 2

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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) _____ Yes No
-
- e) Listed on the Unlisted Securities Market Yes No
- f) Traded in any other way ?
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. _____
-

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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.

12. Does the Company or any Director or Officer have Directors & Officers Liability Insurance currently in force? Yes No

If 'Yes' please state:

a) Name of Insurer _____

b) Indemnity Limit _____

c) Expiry Date _____

13. Has any insurer ever declined /refused a proposal/ renewal or cancelled a Directors & Officers Liability Insurance? If 'yes' please give details Yes No

North American Cover

Questions 13,14, 15 and 16 are to be completed only if cover is required for claims made in the United State of America or Canada or claims made elsewhere arising out of the Company's operations in United State of America or Canada.

14. Please give the total gross assets of the Group in North America

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15. a) Please list those subsidiaries in North America that are not wholly owned together with Company's percentage interest in each

b) For each company ,please specify who owns the minority stock? _____

16. a) Does the Company or any of its subsidiaries have any stock, shares or debentures in North America? Yes No

i) On what date was the last offer/tender/issue made?

ii) Was the Offer subject to The United States Securities Act of 1933 and/or The Securities Exchange Act of 1934 and/or any amendments thereto? Yes No

iii) If any stocks or shares are traded in form of ADR's please advise :

(1) Whether they are sponsored or un- sponsored?

(2) The percentage traded as a total of issued share capital ?

(3) The number of ADR shareholders ?

b) Does the Company or any of its subsidiaries have any debt Instruments or commercial paper in North America? I 'yes' please give details Yes No

17. Has a 20-F filing been made to the USA regulatory authorities Yes

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If no, please conform reasons _____

The following questions are to be completed by all proposers

Claims Information

18. Have claims ever been made against any past or present Director or Officer of the Company or its subsidiaries? If 'Yes' please give details. Yes No

19. Is the Proposer aware, after enquiry, of any circumstances or incident which may give rise to a claim? If 'Yes' please give details. Yes No

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

20. Amount of Indemnity required Rs. _____

21. Premium amount (including GST) _____

Employment Practice Liability

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

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Employment Practices Liability

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

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

24. 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 | <input type="checkbox"/> |
| • Compliance with statutes | <input type="checkbox"/> | Medical examinations | <input type="checkbox"/> |
| • Redundancies, termination of Employment and early retirement | <input type="checkbox"/> | • Sexual harassment | <input type="checkbox"/> |
| | | • Employee disciplinary actions | <input type="checkbox"/> |
| | | • Employee out-patient services | <input type="checkbox"/> |

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c) Please tick relevant box (es) 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:

	<u>Human</u> <u>Resource Dept.</u>	<u>Legal</u> <u>Dept.</u>	<u>External Legal</u> <u>Advisor</u>
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 _____ If ‘Yes’, please attach such handbook to this proposal

Yes No

24. Is the Proposer currently undergoing, or does the Proposer contemplate undergoing during the next 12 months, any from and any type of company restructuring office, plant, or store closure? If ‘Yes’, please attach full details.

Yes No

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

Yes No

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employees during past five years including amounts of any judgments or settlements and costs of defence? If no such claim, please tick on "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.

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

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

28. Policy Period

29. 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"/>				
Amount in Rs. <input type="text"/>												
Bank Account No. <input type="text"/>												
Bank Name <input type="text"/>						Branch <input type="text"/>			<input type="text"/>			
PAN Number <input type="text"/>												
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>												
GST Registered										Yes/ No		
GSTIN Number										<input type="text"/>		
GST State										<input type="text"/>		

"I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC."

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INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized 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 responses(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, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor:

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are 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.

Date: DD/MM/YYYY

Signature of the Proposer: _____

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.

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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.

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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 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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