

**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](http://www.magmahdi.com) | E-mail: [customercare@magma-hdi.co.in](mailto: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. 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. \_\_\_\_\_
- 

## 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 displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

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

---

---

---

**Directors and Officers Liability Insurance Policy (Commercial)**

**UIN – IRDAN149CP0002V01201314**

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

If no, please conform reasons \_\_\_\_\_

## Directors and Officers Liability Insurance Policy (Commercial)

UIN – IRDAN149CP0002V01201314

---

---

**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.

**Employment Practices Liability**

**Directors and Officers Liability Insurance Policy (Commercial)**

**UIN – IRDAN149CP0002V01201314**

**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"/> |

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:

**Directors and Officers Liability Insurance Policy (Commercial)**

**UIN – IRDAN149CP0002V01201314**

	<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 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

**Directors and Officers Liability Insurance Policy (Commercial)**  
**UIN – IRDAN149CP0002V01201314**

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

<b>29. Premium Payment Details:</b>												
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"/>						
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"/>	

**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

Directors and Officers Liability Insurance Policy (Commercial)  
 UIN – IRDAN149CP0002V01201314



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.

### 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

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 displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

- (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 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.

Directors and Officers Liability Insurance Policy (Commercial)  
 UIN – IRDAN149CP0002V01201314

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.

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 displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.