BAJAJ GENERAL INSURANCE LIMITED
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006.IRDAI Reg No.: 113. | CIN: U66010PN2000PLC015329
web: www.bajajgeneralinsurance.com | Toll free: 1800-209-5858 / 1800-209-0144 | careforyou@bajajgeneral.com

BAJAJ GENERAL
CARINGLY YOURS

UIN : IRDAN113CP0008V02201213

Bajaj General Protect Public Offering of Securities Insurance

PROPOSAL FORM
(Claims Made Policy)

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

1. Name of Company

2. Address

Pin Code

3. Nature of Business

Pin Code

Bank Details

Name as pr Bank

Name Of Bank

Bank Account No. IFSC Code

IFSC Code

* I accept to pay & receive claim amount (if any) in the above given Bank a/c

Electronic-Insurance Account:

Please provide e-IA No. to deposite your insurance policy. :_____

Do you want to open e-IA account: Yes/No

Existing Customer

Are you an exisiting customer of Bajaj General? Yes No

If Yes. Please provide PID No: _____ / Policy No. _____

I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy. ☐

Date of Incorporation: _____

Country of Registration: _____

How long has the company continuously been in business? _____

Total Number of Locations: _____

DARPAN DETAILS

Constitution Details

Proprietorship Firm ☐ Yes ☐ No Partnership Firm ☐ Yes ☐ No Limited Liability/Partnership Firm ☐ Yes ☐ No Company ☐ Yes ☐ No

NGO/NPO- ☐ Yes ☐ No

If Yes Specify Constitution Trust ☐ Yes ☐ No Society ☐ Yes ☐ No Section 8 Company ☐ Yes ☐ No

Provide DARPAN Portal Registration, if applicable _____ Others (Please specify) _____

Are subsidiaries publicly traded or the subject of a shelf registration? Yes / No

If "yes", please indicate below which securities are publicly traded or the subject of a "shelf registration" and give details of the securities on a separate sheet.

Equity: _____

Debt: _____

Mixed: _____

Total number of voting shares outstanding: _____

Total number of voting shareholders: _____

Total number of voting shares owned by the Company's directors and officers, both direct and beneficial:

Does any shareholder own 15% or more of the voting shares directly or beneficially? Yes / No
If "yes", please give the shareholders name and percentage of holdings.
If there are no such shareholders state here "none": _____

Are there any other securities convertible to voting shares? Yes / No
If "yes", please describe fully: _____

If no, please state here "none": _____

3 Please list all direct and indirect subsidiary companies:

Name	Business or Type of Operations	Percentage of Ownerships	Date Acquired or Created	Country of Incorporation

4. Does the Proposer or any director or officer have Directors and Officers Liability Insurance cover currently in force? Yes / No

If "yes", please state:

a) Insurer: _____

b) Indemnity Limit: _____

c) Expiry Date: _____

5. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors and Officers Liability Insurance? Yes / No

If "yes", please give details: _____

Cover Extension for Additional Insureds
6a) Is the Proposer requesting cover for any of the following for Securities Claims (as defined in policy) in connection with the public offering?

If "yes", please indicate if cover is required and whether or not such individuals or entities are referred to in the Particulars (including any SEC Registration Statement) listed in Item 7.

	Cover Required	Listed in Particulars or Registration Statement
Controlling Shareholders		
Selling Shareholders		
Underwriters		
Solicitors for the Company		
Solicitors for the Underwriters		
Accountants		
Experts		

6b) If "yes", and such individuals or entities are not referred to in the Particulars or Registration Statement, please provide full details of each individual on a separate sheet.

Initial Public Offering Particulars (including any SEC Registration Statement)

7.Please give the filing date of the particulars/ registration statement number for all Initial Public Offerings, including any SEC Registration Statements. Please continue on a separate sheet if necessary.

Filing Date	Particulars/ Registration Statement Number

8. Are any plans for merger, acquisition or consolidation of or by the Proposer or any of its subsidiaries being considered? Yes/ No

a)If "yes", have they been approved by the board of directors? Yes/ No

Date of Approval: _____

b)If so, have they been submitted to the shareholders for approval? Yes/ No

Date of Approval: _____

9.Does the Proposer or any of its subsidiaries anticipate any registration of securities under the Securities Act of 1933 or any other offering of securities other than the Initial Public Offering described in 7. Above, within the next year? Yes/ No

Claims Information

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(a)Has there been or is there now pending any claim(s) against a director, officer or employee proposed for insurance in his or her capacity as a director, officer or employee of the Proposer or any of its subsidiaries?
If "yes", please give full details on a separate sheet.

☐ YES ☐ NO

(b)Has there been or is there now pending any claim(s) against the Proposer or any of its subsidiaries with regard to the securities of the Proposer or any of its subsidiaries?
If "yes", please give full details on a separate sheet.

☐ YES ☐ NO

11.Does the Proposer or any of its subsidiaries have knowledge or information of any act, error or omission which might give rise to a securities claim under the proposed policy.

☐ YES ☐ NO

If "yes", please attach complete details on a separate sheet.
If they have no such knowledge or information, state here "none":_____

Indemnity Limit

12.Please indicate amount of indemnity required:
US$5,000,000..... ; US$10,000,000..... ; US$15,000,000..... ; Other, please state US$_____

Please enclose with this Proposal Form
(a)All offer documents or listing particulars (including any registration statements with the SEC) filed within the last twelve months, including any amendments thereto.
(b)A copy of the final particulars in connection with the Initial Public Offering.
(c)A copy of the underwriting agreement, which sets forth the indemnification of the Proposer in connection with the Initial Public Offering

Declaration

The undersigned authorised officer of the Proposer declares that the statements set forth herein are true. The undersigned authorised officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance.

Signing of this application does not bind the Proposer or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy. All written statements and materials furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this application and made a part hereof.

Signature of Authorized Officer

Capacity

Date

Company

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INSURANCE ACT 1938 SECTION 41- Prohibition or 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 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 published prospectuses 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 Lakh Rupees

Declaration - Physical Proposal Form

Are you or any of the proposal applicants a PEP or a close relative of PEP*?

If yes, please sharethe details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g.. Heads of States/Governments, senior politicians, senior government/juridical/military officers, senior executives of state-owned corporations, important political party officials, etc." ☐ Yes/ ☐ No

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of CorporateAffairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC ☐ Yes/ ☐ No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes/ ☐ No

I/We herebygivevoluntaryconsentto Bajaj General/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes/ ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-http://onelink.to/v9zp7c, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com, website-https://www.bajajgeneralinsurance.com/general-insurance.html, contact your agent or nearest branch.

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Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____ Date : _____ Place : _____

Name of Witness :_____

Signature of Witness : _____ Date : _____ Place : _____

Disability Declaration :

Any Physical deformity or handicap Yes No

If Yes. Please provide details: _____ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)
I _____ authorised representative of Mr./Miss/Mrs. _____ _ hereby giving consent on the behalf of the proposer due to his/her disability , that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative :_____

Signature of Authorised representative : _____ Date : _____ Place : _____

Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

Agent/ Intermediatory Declaration :

I, _____, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuantto this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

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

Signature of Agent:_____ Date:_____ Place:_____

Agent / IMD (SP /DP / BQP) signature and their code

Agent/IMD Name _____ Agent/IMD Code_____ Agent/IMD Signature_____

SP / BQP / DP / PoS Name_____ SP / BQP / DP / PoS CoR No.:_____ SP / BQP / DP / PoS Signature

DISCLAIMER: