Bajaj General Insurance Limited

(formerly known as Bajaj Allianz General Insurance Company Limited)
Corporate Identity Number : U66010PN2000PLC015329 IRDA Registration No.
113 Regd. & Head Office : Bajaj Insurance House, 1st Floor Airport Road,
Yerawada, Pune - 411 006. UIN : IRDAN : 113RP0027V01200102

BAJAJ GENERAL
CARINGLY YOURS

Bajaj General Protect Platinum II Directors & Officers Liability and Company Reimbursement Policy

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 _____

Address _____

_____

Nature of Business _____

_____

Place of Incorporation: _____

How long has the company continuously been in business? _____

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. ☐

2. During the past five years has :

a) The name of the company been changed? ☐ Yes ☐ No

b) The capital structure (i.e. the number and classes of shares into which the capital is divided) of the Company been changed? ☐ Yes ☐ No

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) _____

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c) The Company's outside auditor changed? ☐ Yes ☐ No

d) Any acquisition(s) or merger(s) taken place? ☐ Yes ☐ No

If "YES" has been answered to any of the above, please give full details under separate attachment.

3. a) Are any acquisitions/mergers/takeovers planned within the next year? ☐ Yes ☐ No

b) Is the Company aware of any proposals of its being acquired by another company? ☐ Yes ☐ No

c) Does the Company intend to make any new public offering within the next year? ☐ Yes ☐ No

d) Is the Company or any of its subsidiaries listed on any stock exchanges or any organised markets? ☐ Yes ☐ No

If "YES" has been answered to any of the above, please give full detail s underder separate attachment.

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4. Please list name(s) of shareholder(s) owning directly or indirectly 5% or more of the Company's shares.

Name %

_____

_____

_____

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5 Please complete a list of subsidiaries created, dissolved or sold in the last twelve (12) months:

Name	Business or Type of Operations	Percentage of Ownerships	Date Acquired, Sold or Dissolve

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6. Does the Company have a credit or bond rating? ☐ Yes ☐ No

If "YES", please state name of rating organisation, last year of rating and result

_____

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7. What has your Company done in the past in order to cope with the Year 2000 exposure and which further steps are planned in your head-office as well as in your subsidiaries (e.g. with reference to your most important suppliers and customers)?

8. (a) Limits of Liability required?

(b)Please give detials of Company's Directors and Officers Liability Insurance for the past three years.

Year	Insurer	Limits of Prior Insurance	Deductible Amount

9. a) Have any claims ever been made against any past or present Director or Officer of the Company or any of its subsidiaries in respect of Directors and Officers liability? ☐ Yes ☐ No

b) Is the applicant or any of the Directors or Officers aware of any circumstances or incidents that might give rise to a claim under the proposed insurance? ☐ Yes ☐ No

c) Has notice of any fact, circumstances or situation or wrongful act been given under any prior Directors and Officers Liability Insurance? ☐ Yes ☐ No

d) Has any insurer ever declined, cancelled, refused to renew or required to reduce limits of any Directors and Officers liability or similar insurance policy? ☐ Yes ☐ No

If "YES" has been answered to any of the above, please give full details under separate attachment.

10. Please provide details of companies of which external directorships are held at the request of the Company and for which Directors and Officers Liability Insurance is required, if acceptable to the Underwriter

Name of Outside Co.	Nature of Business	Country of Incorporation	% Ownership	Individual Directors Name	Type of Entity (eg Public / Private Trustee, etc.)

(QUESTIONS 11,12 & 13 NEED ONLY BE COMPLETED IF USA AND/OR CANADA JURISDICTION IS REQUIRED)

11. Please give the total gross assets of the group in North America

12. a) Please list those subsidiaries in North America

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

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13. Does the Company or any of its subsidiaries:

a) Have any stock, shares, debentures or depository receipts in North America? ☐ Yes ☐ No

b) If "YES", on what date was the last offer / tender / issue made?

c) Was the offer subject to The United States Securities Act of 1933 and/or The Security Exchange Act of 1934, and/or any amendments thereto? ☐ Yes ☐ No

d) Intend to make on offering of the type above within the next year? ☐ Yes ☐ No

If "YES" has been answered to any of the above, please give full details under separate attachment.

Declaration:

It is agreed that this proposal together with any other information supplied shall constitute the complete proposal that shall be the basis of the contract and shall form part of the policy should a policy be issued.
I declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I undertake to inform the Underwriter of any material alteration to those facts occurring before completion of the Contract of Insurance.

☐ Yes ☐ No

Signature of Authorised Officer Capacity

Date Company

Please enclose with this Proposal Form

a) The two latest available audited Annual Reports and Accounts for the Company.
b) The latest available Interim Statement (if applicable).
c) Any offer and/or filing documents/listing particulars published in the last twenty four months.

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INSURANCE ACT 1938 SECTION 41- Prohibition of 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 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.

Declaration - Physical Proposal Form

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

If yes, please share the 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 Corporate Affairs 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 hereby give voluntary consent to 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/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 pursuant to 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: