

# BHARTI AXA GENERAL INSURANCE CO. LTD.

## DIRECTORS & OFFICERS LIABILITY INSURANCE

### PROPOSAL FORM

- Please read the proposal form carefully.
- Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance.
- If you have any doubt over whether something is relevant, please let us have the details.
- In case of insufficient space in the form for answering any of the questions, please use a separate sheet.
- Please attach the last two audited annual reports of the Group / Company with this Proposal Form

---

Intermediary Name:----- Intermediary Code: -----

### CLIENT INFORMATION

1. Name of the Company : \_\_\_\_\_  
\_\_\_\_\_
2. Registered Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Country of incorporation : \_\_\_\_\_
4. The company has been in business since: \_\_\_\_\_
5. Description of business activities : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LISTING INFORMATION

1. Is the Company Listed on the Stock Exchange? :  Yes  No

If yes, please state which stock exchanges. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, please advise what type of entity the company is. \_\_\_\_\_  
\_\_\_\_\_

2. The Company has continually paid cash dividends on its

i) Common Stock since : \_\_\_\_\_

ii) Preferred stock since : \_\_\_\_\_

3. Complete the following in respect of all classes of shares issued by the Company

Sl. No.	Class of shares	Number of shares outstanding	Number of shares owned by Directors (Directly and / or beneficially)	Number of shares owned by Officers who are not Directors (Directly and / or beneficially)

4. Total number of Subsidiary Companies at the date of completing this Proposal Form

Tick this box if cover is requested for these Subsidiary Companies

5. Does any person or entity own 10% or more of any class of shares issued by the Company

Yes  No

If yes give details:

### **FINANCIAL INFORMATION**

Complete the following for each of the three most recent fiscal years. (The figures presented should be taken from the Group Consolidated Reports and Accounts)

If the Company is a financial institution Section (a) should be completed.

Otherwise please complete Section (b)

Consult your broker or agent if advice is required

Section (a)	Year1	Year2	Year3
Total Consolidated Assets			
Total Loans			
Total Deposits			
Net Worth			
Reserve for Loan Losses			
Non performing loans			
Net write-offs			
Total investment securities			
Net Income for Fiscal year			
Interest Income			
Interest Expense			
Cumulative Retained Earnings			
Total Capital Adequacy Ratio			
Tier 1 Capital Adequacy Ratio			
Tier 2 Capital Adequacy Ratio			
Return on Assets			
Return on Equity			

Please advise latest independent ratings (giving the dates thereof and name of rating agency)

Section (b)			
Total consolidated Assets			
Current Assets			
Current Liabilities			
Net Worth			
Stocks and / or Inventory (including work in progress)			
Net Income for fiscal year			
Net Income Per Share			
Dividends Per Share			
Sales / Revenues			

Over the last five years has there ever been breach of any debts covenants or loan agreements?

Yes  No

**PREVIOUS INSURANCE DETAILS**

1. Please give Details of any current Directors' and Officers' Insurance

Insurer: \_\_\_\_\_

Limit: \_\_\_\_\_

Period: \_\_\_\_\_

Retention: \_\_\_\_\_

Premium: \_\_\_\_\_

**OTHER IMPORTANT INFORMATION**

1. Has the Company, in the past two years or under consideration at the present time any acquisitions, tenders offers, mergers or offering of shares or other securities?

Yes  No

If yes please give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are there any qualifications, comments or observations made within the report and accounts and / or auditors report?

Yes  No

If applicable, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are there any contingent liabilities / extraordinary terms / litigation shown within the report and accounts?

Yes  No

If applicable, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has the Company, at any time over the last three years changed its external auditors or external legal advisors?

Yes  No

If yes, give details, reason for change. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING 6 QUESTIONS ONLY IF COVER IS REQUESTED FOR UNITED STATES OF AMERICA OR CANADA JURISDICTION.**

1. Please give the total consolidated assets of the Company and all subsidiary / associate companies in the United States of America and Canada. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please give the approximate number of employees in the United States of America and Canada.

Please tick the appropriate box:

0-25	<input type="checkbox"/>	25 - 50	<input type="checkbox"/>	50-75	<input type="checkbox"/>
75-100	<input type="checkbox"/>	100 - 200	<input type="checkbox"/>	200+	<input type="checkbox"/>

3. Please list Subsidiary Companies in the United States of America and Canada that are not wholly owned: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. For each subsidiary company mentioned in the above question, please give details of ownership of the minority stock with the percentage ownership. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Does the company or any of its Subsidiary Companies:  
 a) Have any stock, shares or debentures listed in the United States of America and / or Canada?  
 Yes  No

b) i) If the answer to the above question is 'YES', when was the last issue made? \_\_\_\_\_

ii) Was the offer subject to The United States Securities Act 1933 and/ or The Securities Exchange Act of 1934 and / or any amendments thereto? \_\_\_\_\_  
 \_\_\_\_\_

- c) Have any debt or equity instruments or commercial paper in The United States of America and / or Canada?  
Yes  No

If the answer to the above question is 'YES', please give details together with the effective date. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please enclose a copy of the latest filing made to the regulatory authorities. If not applicable please tick.

### CLAIMS INFORMATION

1. Is the Company aware of any claims which, had insurance been in force similar to the one now proposed, would have fallen within the scope of such insurance, have been made or are now pending against any person (s) proposed for insurance in the capacity of either director or officer? (If the answer is 'none', please state so). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is any person proposed for this insurance aware of any circumstances which he / she has reason to suppose might lead to any future claim that would fall within the scope of the proposed insurance (If the answer is 'none', please state so). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has any insurance similar to the one being proposed ever been declined, cancelled or refused renewal? (If the answer is 'none', please state so). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have the Company and / or any of its subsidiary companies been involved in, or has any knowledge of, any anti-trust, price - fixing, tax, copyright, patent litigation, or governmental, regulatory or administrative proceedings or civil and criminal action? (If the answer is 'none', please state so). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is any fact, circumstance or situation indicating the probability of a claim in the proposed insurance known by any person(s) or entity (ies) applying for this insurance other than that which is disclosed in this Proposal form? (If the answer is 'none', please state so). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---



---

**INSURANCE REQUIREMENT**

1. Limit of Indemnity required : \_\_\_\_\_
2. Is Entity extension desired in the policy?      Yes        No
3. Is Employment practices Liability extension desired?    Yes        No

**DECLARATION:**

*The undersigned declares that:*

- i) He / she is authorised to complete this Proposal Form on behalf of all proposers, and*
- ii) The 'IMPORTANT NOTICE' on page 8 of this Proposal Form is understood and accepted by all proposers, and*
- iii) Underwriters are hereby authorised to make any investigation and enquiry in connection with this Proposal Form and the proposed insurance as is deemed necessary,*
- iv) To the best of his / her knowledge and belief, and after enquiry, the statements in this Proposal Form are true.*

I / we hereby declare that the particulars and statements contained in the Proposal Form for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and be deemed attached hereto, as if physically attached hereto) are the basis for the proposed insurance coverage and are to be considered as incorporated into and constituting a part of the proposed Policy.

**Signed**                    .....

**Capacity**                .....

**Company**                .....

**Date:**                    .....

## IMPORTANT NOTICE:

- 1 It is the duty of the Proposers to disclose all material facts to **Bharti AXA General Insurance**. A 'material fact' is one which may influence **Bharti AXA General Insurance's** judgement in their consideration of the proposal form. If there is any doubt whether a fact is material, it should be disclosed.

Failure to disclose could prejudice the rights of the Proposers to recover in the event of a claim or allow **Bharti AXA General Insurance** to void this policy. Appropriate enquiries should be made to ensure that the statements set forth herein are true and complete and that no material fact has been omitted. Any change in the answers given and any material change in the risk arising before inception of any policy must be advised to **Bharti AXA General Insurance** and should therefore be notified immediately.

- 2 In the event that there is any material change in the answers given to the question contained in this proposal form prior to the inception of the policy, the Proposers must notify **Bharti AXA General Insurance** and, at the sole discretion of the **Bharti AXA General Insurance**, any outstanding quotations may be modified or withdrawn.
- 3 Signing the proposal form does not bind the Proposers or **Bharti AXA General Insurance** to enter into a binding contract of insurance.
- 4 Any request for cover or any aspect of cover, by or on behalf of the Proposers does not compel **Bharti AXA General Insurance** to offer terms and conditions to accede to such request.
- 5 The particulars and statements contained in the proposal form and any other information submitted are the basis for the proposed policy and will be considered as being incorporated in to & constituting a part of the proposed policy.