

Version 1.1



PROPOSAL FORM
DIRECTORS AND OFFICERS LIABILITY INSURANCE

For Official Use Only

Intermediary Type Agent / Broker / Direct Intermediary Name _____ Intermediary Code _____
MO Name _____ MO Employee ID _____ Branch Name _____

GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions in this proposal form completely and accurately on behalf of all persons to be insured. Where any question does not apply, please mention 'NA'. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

- ICICI Lombard General Insurance Company Limited (ILGIC) is under no obligation to accept any proposal for insurance. If ILGIC accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.
- Please note that the insurance is not effective until the proposal is accepted by ILGIC and premium received.
- If additional space is required to provide relevant information, whether as requested or otherwise in or along with this proposal form, please attach a separate sheet to this proposal form and return it to ILGIC.
- If there is any change in the information provided in the proposal form or otherwise before the date on which the policy is issued, please intimate ILGIC immediately.
- Please seek the advice of your insurance advisor or agent if you are unclear about any of the policy terms and conditions.

It is agreed and understood that information provided in this proposal form and documents submitted along with the proposal form will be the basis of any subsequent insurance policy that may be issued to you by ILGIC. You shall provide ILGIC with a full and frank disclosure of any and all facts that may be material to ILGIC's decision to grant a policy or the terms upon which it should be granted. If you fail to do so, it may result in the rejection of a claim and/or the avoidance of the policy.

GENERAL INFORMATION

Name of the proposer _____

Name of the policyholder _____

Address _____

Contact Number _____

Email Address _____

Contact Person _____

Proposed Limit of Liability _____

Proposed Policy Period _____

BUSINESS INFORMATION

Please provide the business activities of the policyholder and its subsidiaries (if any)

No.	Name of Subsidiary	Country of Incorporation	Percentage of policyholder's shareholding in the subsidiary
1			
2			
3			

Please provide the list of subsidiaries

Please append an additional sheet if required

- Has there been any merger, amalgamation or acquisition in the past 3 years? YES NO
- Has there been any name change in the past 3 years? YES NO

If yes to any of the questions above, please explain.

- Please provide details of listing for Securities

Name of Company	Security	Stock Exchange

- Please provide the details of top 5 shareholders with their shareholding percentage

Shareholder	Shareholding Percentage

Please provide the total number of employees for the policyholder & subsidiaries & the breakdown of the employees as follows

Country	Number of employees
India	
Europe	
USA/ Canada	
Rest of the World	
Total	

Employment Policies and Practices. Does the policyholder

- Have a full time Human Resources manager or department YES NO
If 'No', how is this function handled?
- Provide formal training for its supervisors in administering Human Resources procedures YES NO
- Distribute the employee handbook to all employees YES NO
 - If 'Yes', please attach a copy
 - If 'No', or the employee handbook does not detail the procedures concerned in questions d to f below please attach details of how such policies or procedures are communicated
- Have a written policy against discrimination, including sexual harassment YES NO
- Have an established termination procedure YES NO
- Use an employment application for all applicants YES NO
If 'No', please explain method of application

Details of any existing D&O Policy

- Policy Period
- Limit of Liability
- Insurer

CLAIMS INFORMATION

Is there any cases against the Directors and Officers of the policyholder / subsidiaries in the past 3 years? YES NO

If 'Yes', please provide details

Nature of Claim	Amount of Loss	Current Status	Remedial Measures

Please provide details of settlement (if any)

Is any person proposed for cover aware of any facts or circumstances which might afford grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s) YES NO

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

DOCUMENTS REQUIRED

Please provide copies of the following documents to ICICI Lombard General Insurance Company

- Latest Annual Report
- Expiring D&O Policy Copy (If it is not ILGIC policy)

DECLARATION

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this proposal form and the accompanying documentation submitted shall form the basis of the contract proposed between me and ICICI Lombard General Insurance Company Limited. I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank. I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity / person(s), with the exception of my spouse, parents, grandparents, children, siblings or employer.

Date _____ Place _____

Name _____

Signature of Authorized Signatory & Stamp
Designation - _____
(Chairperson or Board Member or MD or CFO)

STATUTORY WARNING: PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

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 or 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to ten lakh rupees.



Mailing Address: ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/ 402 4th Floor, New Link Road Malad (W), Mumbai - 400064.

Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, P. Balu Marg, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Fax No.: 02261961323. • Our toll free number is **1800 2666**
ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation. **IRDA Reg. No. 115.** CIN: U67200MH2000PLC129408

For complete details on coverage, Terms & conditions & exclusions, please refer to Policy Wordings (available on request)