ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Corporate Office: "Vishranthi Melaram Towers", 2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097. Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000
Email: care@royalsundaram.in Website: www.royalsundaram.in
IRDAI Reg. No. 102| CIN-U67200TN2000PLC045611

PROPOSAL FORM

Executive Shield Liability Insurance UIN IRDAN102CPLB0013V01202526

Proposer Details

1. Name of Proposer: Company Website :
2. Address of Head Office:
3. Country of Registration: 4. Date of incorporation/formation :
5. State the principal business activities of the Proposer and its subsidiaries?
6. Limit(s) of Liability & Jurisdiction(s) being requested:
7. Give a complete list of all subsidiary companies not listed in the company's last annual report, including country of registration and percentage owned by Proposer. Please use attachment.

Joint Ventures:
N.B. Hereinafter the Proposer and its subsidiaries shall be known as the "Company."

8. During the last twelve months has:
(a) the name of the Proposer changed? Yes ☐ No ☐
(b) any acquisition or merger occurred involving the Proposer or any subsidiary? Yes ☐ No ☐
(c) any subsidiary been sold or ceased activities? Yes ☐ No ☐
(d) the Company undergone a Management buyout, Leveraged buyout or the Proposer undergone any other change in capital structure? Yes ☐ No ☐
If "yes" to any of the above, please give details.

9. Does the Company or any director or officer have Directors & Officers Liability Insurance currently in force? Yes ☐ No ☐

If "yes" please state:
(a) Insurer: _____
(b) Indemnity Limit: _____
(c) Expiry Date: _____
(d) Premium: _____
(e) Retention(s): _____

10. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability Insurance? Yes ☐ No ☐
If "yes" please give details.

_____

_____

11. Is the Proposer publicly traded (equity or debt)? Yes ☐ No ☐
12. Is any subsidiary of the Proposer publicly traded (equity or debt)? Yes ☐ No ☐
13. If "yes" to question 11 or 12 then please specify the following for the Proposer and/or any such subsidiary: Yes ☐ No ☐

S NO	Name of entity	Country of formation or incorporation	Each country listed	Each securities exchange/ market per country	Type of listing (direct, ADR and level, OTC) and registration number	Percentage of all securities traded and type of security

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14. Please list for the Company:

(a) Total number of shareholders:
(b) Total number of shares issued:
(c) Total number of shares (percentage) held by the directors and officers of the Company (both direct and beneficial), combined:
(d) Total number of shares (percentage) held by institutional investors:
(e) All security holders (including parent/holding company), holding a 5% or more ownership interest in the Proposer, or any subsidiary that is publicly traded, giving the shareholder's name and the percentage held:

Name of Holder & Location	Entity	Percentage of Ownership

15. (a) Is the Company considering any acquisition, tender offer, merger, buy-out or other change in equity structure? Yes ☐ No ☐
(b) Is the Company aware of whether any other company or entity is considering an acquisition, tender offer, merger, buy-out or other change in equity structure of which the Proposer or any subsidiary would be a target? Yes ☐ No ☐

(c) Is the Company intending either a new public offering of securities (equity or debt), or a change in the listing status of its existing securities, within the next year? Yes ☐ No ☐
If "yes" to any of the above, please provide specific details.

16. (a) Have any Directors and / or Executive Officers of the Proposer or of any subsidiary of the Proposer incorporated or domiciled in the United States of America resigned or been replaced in the past 12 months? Yes ☐ No ☐
If "Yes," who, title and why?

(b) Is the Company considering a replacement or addition of any Directors and Officers of the Proposer or of any subsidiary of the Proposer incorporated or domiciled in the United States of America? Yes ☐ No ☐
If "Yes," who, title and why?
17. Does the Company have an internal Audit Committee? Yes ☐ No ☐

If yes:
(a) are all members of the internal Audit Committee independent directors? Yes ☐ No ☐
(b) does the audit committee meet more than four times per year? Yes ☐ No ☐
(c) has any member of the internal audit committee resigned or been replaced within the past twelve months? Yes ☐ No ☐
If "yes" to question 17(c), who and why?

Solely for the purposes of this question 17 the term "Independent director(s)" means a person other than an officer of employee of the company who: (1) has not been an employee or officer of the company for at least three years; and (2) is not a partner in, or controlling shareholders of, the Company.

18. (i) Has the Company changed its external auditing firm in the past three years? Yes ☐ No ☐
If "yes," why and when?
(ii) Does the Company have any plans to remove or replace its external auditor in the next 12 months? Yes ☐ No ☐
If "Yes," why and to whom?

19. (a) Have the Company's external auditors recommended changes to the revenue recognition or other significant accounting practices in the past 12 months? Yes ☐ No ☐
(b) Has the Company changed its revenue recognition or other significant accounting practices in the past 12 months? Yes ☐ No ☐

(c) Has the Company decided that it will change any of its revenue recognition or other significant accounting practices? Yes ☐ No ☐

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If "yes," to (a), (b) or (c) please provide specific details.

20. Has the Company ever restated its financial results? Yes ☐ No ☐
If "yes," please provide details.

21. Does the Company plan to take a significant onetime charge to earnings, or restate earnings, within the next 12 months?

☐ Yes ☐ No

If "yes," please provide details.

If "yes" to question 21, it is agreed that the proposed policy shall not provide any coverage for loss in connection with any claim, investigation, proceeding or action alleging or arising from such event, unless an endorsement is added to the proposed policy specifically extending coverage to such arising.

22. Please provide the total number of employees for the Company, and a breakdown of employees as follows:

Location	Entity	Head Count
Total		

Cover for the United States of America

Please complete questions 23-26 if the Proposer is requesting any coverage for claims brought in the United States of America or claims made elsewhere arising out of the Company's operations in the United States of America.
If no securities of either the Proposer and any of its subsidiaries are publicly traded in the United States of America, and the Company does not plan to list any securities of the Proposer or any of its subsidiaries in the United States of America within the next 12 months, skip questions 23 and 24.

23. Does the Company's internal audit committee structure and/or procedures comply with U.S. statutes, rules or regulations regarding internal audit committees? (i.e. composition, financial background, independence, required meetings, charter, etc.) Yes ☐ No ☐

24. Are the Company's financial statements required to be consolidated, or reconciled, in accordance with U.S. Generally Accepted Accounting Principles (GAAP)? Yes ☐ No ☐
If "Yes," to question 24, are the company's financial statements, generally, in accordance with US GAAP? Yes ☐ No ☐

25. Is the U.S. SEC or U.S. IRS presently investigation or requesting information from the Company or any director or officer of the Company?
Yes ☐ No ☐
If "yes," please provide details.

26. Please state total gross assets in the United States:
The following questions are to be completed by all applicants

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Claims Information

27. Has there been or is there now pending any claim(s) or actions against or investigation(s) of; (i) the company thereof; and/or (ii) any person proposed for insurance in his or her capacity as a director or officer of the company? If "yes," please provide details. Yes ☐ No ☐

28. Does any directors or officers of the company, the general counsel (or equivalent person) of the company and The risk manager of the company have any knowledge or information of any act, error or mission which could Reasonably give rise to a claim, investigation or action under the proposed policy, except as follows: (Attach complete details.) Yes ☐ No ☐

It is agreed that with respect to Questions 27 and 28 above, that if such claim, proceeding, action, knowledge, information or involvement exist, then such claim, proceeding or action and any claim or action arising from such claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.

Documentation

29. Provide copies of the following for the Company.

a) Latest annual report
b) Latest interim financial available
c) Latest audited financials
d) Any securities registration statements filed with the local government agency during the last 2 years
e) Any other periodic report which are required to be filed with the local government agency that regulates securities during the last 12 months

If the company has any securities (equity or debt) listed or traded in the United State of America, then;

f) Latest 20-Ffiled with the U.S. Securities and Exchange commission (U.S. SEC) or similar U.S. State agency or non-U.S. Agency
g) All 6-K's filed with the U.S. SEC (or similar U.S. state agency or non-U.S. agency) within the last year
h) All-1's or registration statements filed with the U.S. SEC (or similar U.S. State agency or non U.S. agency or non-agency) within the last twelve months.
i) Copies of financial statements certified by the CEO and CFO.

It is agreed that the proposer will file with the insurer, as soon as it becomes available, a copy of each registration statement and annual or interim report which the proposer or any subsidiary may from time file with any local or foreign governmental, regulatory body or agency that regulates securities (including but not limited to the US Securities and Exchange Commission).

Signing this proposal does not bind the proposer to complete this insurance.

Section 64 VB of the Insurance Act 1938
Commencement of risk cover under the policy is subject to receipt of premium by Royal Sundaram General Insurance Co. Limited.

AML declaration
1. I/we hereby confirm that all premiums paid / payable in future will be 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.

Additional Information

Nationality: ☐ Indian ☐ Non-Indian ☐ If Non-Indian, Please Specify Country

Type of Organization

Corporations ☐ Government ☐ Non-Government Organizations ☐ Society ☐ International Organization ☐
Trust ☐ Partnership ☐ Cooperatives ☐ Section 25 Company ☐

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PAN card number (10-character number):

Sources of funds: Please tick appropriate box salary ☐ Business ☐ Others (Please Specify) ☐

DPDP Act 2023 Declaration
I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

Declaration:

I declare on behalf of all insureds, after inquiry, that the statement and particulars in this Supplemental proposal are true or no martial facts have been misstated or suppressed. I agree that this proposal forms, any attachment, any information submitted therewith and any and all other information supplied or requested, shall form the basis of any contract of insurance effected thereon. I further undertake to informs Insurers of any material alteration to any information, statements, representation or facts presented in this proposal from occurring after the date this proposal form is signed and before the inception date of the proposed policy.

A material fact is one which would influence the acceptance or assessment of the risk.

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

I / we are not Politically Exposed Persons * nor are their close relative's / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

Signing this proposal does not bind the proposer to completed this insurance.

Signed:
(authorised signatory of the Insured)
Company:

Title:
(CEO or Chairman of the Board of Directors)
Date:

Electronic Insurance Account Details:

I would like Executive Shield Liability Insurance document and related information in Physical format.	YES / NO
I would like Executive Shield Liability Insurance and related information in e-Format (electronic) as and when applicable.	YES / NO
I have E-Insurance Account and the No. is	
Choose your Insurance repository (For those selecting e-format)	NSDL Data Management CSDL Insurance Repository Limited Karvy Insurance Repository Ltd CAMS Repository Services Ltd
CKYC No (Central Know Your Customer Registry Number), (if available):	
I _____, hereby grant explicit consent to Royal Sundaram General Insurance Company Limited for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Company Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.	

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Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumbprint):

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness _____(Relation with the Proposer/Primary insured)_____adult and inhabitant of (city) and residing at_____do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured	Signature/Thumb impression of the Proposer
Date:	Place:

Intermediary's Declaration

I, _____ (Full name) 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 response(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, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour 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.

License No.: _____	**Signature of the Agent**
Date:	**Place:**

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities' reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

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.