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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

Proposer Details

1. Name of Company :

2. Address of Head Office :

3. Country of Registration- India:

4. (a) How long has the Company continually carried on business? Date of Incorporation:
   (b) State business activities of the Company and its subsidiaries? IT and ITES

5. (a) State number of locations-
   (b) Is any part of the Company located in the United States of America or Canada?
   Yes ☐ No ☐

   If "yes", please list the five states with the greatest number of employees (largest to smallest)

1. _____
2. _____
3. _____
4. _____
5. _____

(c) Other than those listed under (b) above, are there any other operations domiciled outside India?
Yes ☐ No ☐

(d) Please provide on a separate attachment a complete list of all subsidiary companies including country of registration and percentage owned by the Parent Company other than those shown in the last Report and Accounts.

6. (a) Does the Company have any acquisition, tender offer or merger pending or under consideration?
Yes ☐ No ☐

(b) Is the Company aware of any proposal relating to its acquisition by another company?
Yes ☐ No ☐

7. Does the Company have Employment Practice Liability insurance currently in force?
Yes ☐ No ☐

If "yes", please state:
(i) Insurer
(ii) Indemnity Limit
(iii) Expiry date

8. Has the Company ever had any Insurer decline a proposal, or cancel or refuse to renew an Employment Practice Liability insurance policy? Yes ☐ No ☐

If "yes", please give details: _____

9. Please provide on a separate attachment full details of all wrongful termination, discrimination and sexual harassment claims made against the Company or any of its subsidiaries or any of their directors, officers or employees during the last five years including amounts of any judgments or settlements and costs of defence.

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

10. Please provide on a separate attachment full details of all inquiries, investigations, grievance filings or other administrative hearings previously filed with or currently before any local or governmental agency governing employer responsibility to employees involving the Company and/ or any of its subsidiaries.

11. Please provide on a separate attachment full details of any discrimination and sexual harassment claims made against the Company or any of its directors, officers or employees by any customer or client during the last five years including amounts of any judgments or settlements and costs of defence.

12. Are there now or have there been any Employment Practice claim(s) against the Company or any of its subsidiaries? Yes ☐ No ☐

If, yes", please give details: Please see the attached sheet

13. (A) Total number of full-time employees:

- In India and world-wide excluding the United States of America -
- In the United States of America

(B) Total number of part time employees:

- In India and world-wide excluding the United States of America-
- In the United States of America-

(C) If the Company has operations in the United States of America, total number of employees located in FULL TIME and PART TIME.

14. Please list the percentage of employees with salaries greater than:

Rs.25 lacs per annum

Rs.50 lacs per annum

15. Does the Company have a Human Resources department performing a function for the Company and ALL its subsidiaries?
Yes ☐ No ☐

If "yes", how many employees are there in this department?
If "no", how is the function handled and by how many employees?
(If the Company has operations in the United States of America. each subsidiary should complete a USA Supplementary Questionnaire).

16. How many directors, officers and other employees have resigned, had their employment terminated (with or without cause) or have taken early retirement within the last 24 months?

17. (a) Does the Company have a written Human Resources manual or equivalent written management guidelines?
Yes ☐ No ☐

if, "yes", are all management and supervisor y employees:
(i) provided with a copy of such manual? Yes ☐ No ☐
(ii) provided with training in the proper implementation of the Company's personnel policies and procedures Yes ☐ No ☐

(b) Please check Yes / No if the manual/ guidelines indicates a policy on procedure with respect to the following events:

Written application for employment ..... Yes / No
Legally prohibited discrimination ..... Yes / No
Compliance with statutes ..... Yes / No
Redundancies, termination of employment and early retirement ..... Yes / No
Employee appraisals/reviews ..... Yes / No

Confidential treatment of

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

medical exemptions ..... Yes / No
Sexual harassment ..... Yes / No
Employee disciplinary actions ..... Yes / No
Employee out-placement services ..... Yes / No

(c) Please tick relevant box(es) if decisions regarding these events are always subject to prior review by the Company's Human Resources department, Legal department or outside Legal Adviser**:** Individual decisions are always reviewed by:

		Human Resources Dept.	legal Dept.	External legal Adviser
1.	Written application for employment	Yes / No	Yes / No	Yes/No
2.	Confidential treatment of medical Examinations	Yes / No	Yes / No	Yes/No
3.	Legally proh1b1 ted d1scrimmat ton	Yes / No	Yes / No	Yes/No
4.	Sexual harassment	Yes / No	Yes / No	Yes/No
5.	Compliance with statutes	Yes / No	Yes / No	Yes/No
6.	Employee disciplinary actions	Yes / No	Yes / No	Yes/No
7.	Redundancies, termination of employment and early retirement	Yes / No	Yes / No	Yes/No
8.	Employee out-placement services	Yes / No	Yes / No	Yes/No
9.	Employee appraisals/ reviews	Yes / No	Yes / No	Yes/No

(d) Does the Company have an employee handbook which is distributed to all employees? Yes ☐ No ☐

If "yes", please attach such handbook to this proposal.

18. Is the Company currently undergoing, or does the Company contemplate undergoing during the next 12 months, any employee layoffs or early retirement (including those resulting from any type of company restructuring, office, plant or store closure)?

Yes ☐ No ☐

If "yes", please attach full details.

Indemnity Limit

19. Amount of Indemnity required -

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Please enclose with this Proposal Form
The last two Annual Reports and Accounts for the Company
The last two Interim Statements (If applicable)
Human Resources Manual/ Guidelines
Employee Handbook

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

AML guidelines (Premium Payment shall be made by the Policyholder of the Policy)
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.

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

Additional Information

Nationality: Indian ☐ Non –Indian ☐ If Non-Indian, please specify Country: .....

Type of Organization

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐
Society ☐	Trust ☐	International Organization ☐
Partnership ☐	Cooperatives ☐	Section 8 Companies ☐

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 / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder

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.

I agree that this application, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Insurers of any material alteration those facts occurring before completion of the Contract of Insurance.
A material fact is one which would influence the acceptance or assessment of the risk.

Signed:
(to be signed by Partner/Director or Principal or equivalent)
Company:
Date:

Choose your Insurance repository (For those selecting e-format)	NSDL Data Management CSDL Insurance Repository Limited Karvy Insurance Repository Ltd CAMS Repository Services Limited
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.	

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

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 intermediary**
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.

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1.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 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 prospectus or tables of the insurer.".

2.Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

THIS SUPPLEMENTAL PROPOSAL FORM APPLIES TO ALL U.S. SUBSIDIARIES, BRANCH OFFICES AND LOCATIONS

This supplemental proposal form is incorporated into and shall be made a part of the proposal form for the proposed People First Liability Insurance for the Proposer listed below.

Current Limits

Required Limits

Company Details

1. Name of Proposer:

   Name of Associate Companies:

_____

_____

_____

2. Please list all locations, branch offices and subsidiaries of the Proposer, and its subsidiaries, in the United States of America by state, and the total number of employees per location, pursuant to the chart below:

_____

_____

_____

United States of America

Location in the U.S. – by state	Total Number of full time Employees		Total Number of part time Employees	
	Union	Non-Union	Union	Non-Union

2. What are the total revenues of all subsidiaries combined located in the United States of America, please indicate as follows:

Location	Total Revenues	Currency

4. Is there mandatory training for all department heads, managers and administrators on all anti-discrimination, anti-sexual harassment and anti-retaliatory policies of the Proposer and each subsidiary located in the United States of America? Yes ☐ No ☐

   If "no," please explain why not.

_____

_____

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

5. Does each subsidiary, branch or location in the United States have a separate Human Resources department? …… ☐ Yes ☐ No

If "yes," how many employees are there in this department?

If "no," please list which subsidiaries, branches or location and explain how is the function handled?

6. Does each subsidiary, branch or location in the United States have a written Human Resources manual or equivalent written management guidelines? …… Yes No ☐ ☐

If "no," please specify which subsidiary, branch or location and explain why.
Please provide by way of a separate attachment.

If "yes,"

(i) Are all management and supervisory employees:

(a) provided with a copy of such manual? ☐ Yes ☐ No

(b) provided with training in the proper implementation of the Company's personnel policies and procedures?

☐ Yes ☐ No

(ii) Please tick box if the manual/ guidelines indicates a policy or procedure with respect to the following events:

(iii) Please tick relevant box(es) if decisions regarding the below events at such subsidiary, branch or location in the United States are always subject to prior review by the Company's Human Resources department, Legal department or outside Legal Adviser.

Individual decisions are always reviewed by:

	Human Resources Dept.	**Internal Legal Dept.**	**External Legal Adviser***
Written application for employment	☐	☐	☐
Confidential treatment of medical examinations	☐	☐	☐

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

Legally prohibited discrimination	☐	☐	☐
Sexual harassment	☐	☐	☐
Compliance with statutes	☐	☐	☐
Employment disciplinary actions	☐	☐	☐
Redundancies, termination of employment and early retirement	☐	☐	☐
Employment out-placement services	☐	☐	☐
Employee appraisals/reviews	☐	☐	☐

*** External Legal Adviser review is done based on the situation and possibility of litigation.**

7. (i) Does each subsidiary, branch or location in the United States have an employee handbook?

☐ Yes ☐ No

(a) If "no," to question 7(i) please specify which subsidiary, branch or location, and why.

_____

_____

(b) If "yes," to question 7(i) does the employee handbook specifically address the unique work and legal environment of the United States Yes No ☐ ☐

_____

(ii) (a) If "yes," to question 7(i), is the employment handbook distributed to all employees of such subsidiary, branch or location? ☐ Yes ☐ No

_____

(b) If "no," to question 7(ii) please specify which subsidiary, branch or location, and why.

_____

8. Does the Company use U.S. law firms to handle employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions of employees working in the United States of America?

☐ Yes ☐ No

If "yes," please list names of such law firms and a contact person.

_____

_____

_____

9. Please attach a copy of the following:

- Latest U.S. EEO-1 report for EACH subsidiary located in the Unites States of America

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

People First Liability Insurance UIN: IRDAN102CPLB0016V01202526

- One copy of a Human Resources/Employee Supervisor Manual or Guidelines from a subsidiary located in the United States of America
- One copy of a Employee Handbook from a Subsidiary located in the United States of America

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this supplemental proposal are true and no material facts have been misstated or suppressed. I agree that this supplemental proposal, together with the main proposal, and all other information supplied, shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Insurers of any material alteration to those facts occurring before completion of the Contract of Insurance.

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 supplemental proposal form are hereby incorporated by reference into this supplemental proposal form and the main proposal form and made a part thereof.

Company: **Name:**

Title: **Signed:**

Date: