ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Registered Office: 21, Patullos Road, Chennai 600 002.
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

TechPro Liability Insurance UIN: IRDAN102CPLB0014V01202526

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Proposer: _____
   Street Address: _____
   City: _____
   Website: _____

2. Name of each entity to be included as an insured
   How are these entities related to your business?
   Proposer is: ☐ Corporation ☐ Partnership ☐ Individual ☐

3. a. Is the proposer firm owned by, controlled by or associated with, or does the proposer firm own or control, any other partnership, corporation or firm?
   If "yes" please provide the details _____

   b. Are professional services provided to this entity? Yes ☐ No ☐

4. Year full time operation began:

5. Limits of liability desire
   Rs. _____ each Wrongful Act or series of continuous, repeated or interrelated Wrongful Acts.
   Rs. _____ aggregate

6. Deductible (each Wrongful Act):

7. Describe in detail the nature of services and/or products provided

8. Does proposer engage in any other business or profession other than stated above? Yes ☐ No ☐
   If yes, please explain
   _____

9. Indicate the exposure for which you require coverage. (What type of claims may be possible?)
   _____
10. Describe the procedures the proposer uses to avoid such losses

11. a. Has there been acquisition or merger activity in the past 5 years? Yes, ☐ No ☐
If yes, please explain _____
If yes, does this company assume all liability past and present of the acquired company? Yes ☐ No ☐
b. Are there future acquisitions or mergers planned? Yes ☐ No ☐
If yes, please explain _____

12. a. Estimate revenue for the next 12 months. U.S. and Canada Rs. _____
India Rs._____ Foreign Rs._____

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b. Show actual revenue and number of clients for the past 3 years.

Year	U.S. / Canada Revenue (Rs.)	No. of Clients	India Revenue (Rs.)	No. of Clients	Foreign Revenue (Rs.)	Foreign Revenue (Rs.)

13. List your five largest projects during the past three years.

Client Services Provided for The Client Revenue

a.
b.
c.
d.
e.

14. What percentage of your business comes from repeat customers? %

15. What is the average length of time of a contract?

16. Indicate the percentage of receipts attributed to the following services:

	Receipts %
☐ Turnkey Systems	_____
☐ Packaged Software Sales	_____
☐ Custom Software Development	_____
☐ Hardware Sales	_____
☐ Systems Analysis	_____
☐ Software Design	_____
☐ Programming / Maintenance	_____
☐ Data Entry/ Processing	_____
☐ Time Sharing	_____
☐ Other (please specify)	_____
TOTAL	100%

17. Identify major software applications and receipts attributable

	Receipts %
☐ Administrative	_____
☐ Accounting/Financial (Non fund Transfer)	_____
☐ Architectural (Model building/projection)	_____
☐ CAD/CAM: Manufacturing/Engineering tools	_____
☐ CASE: Application development tools	_____
☐ Communications: Utilities/Info Services	_____
☐ Data Base Management Systems/4GL	_____
☐ Educational	_____
☐ Fund Transfer	_____
☐ Imaging	_____
☐ LAN/Network Management	_____
☐ Medical Management	_____

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☐ Office Automation (Word processing/E-Mail)		_____
☐ Scientific/ Mathematical		_____
☐ Other		_____
(please specify)	TOTAL	100%

18. Indicate the market (s) for your products/services

	Receipts %
☐ Aerospace	_____
☐ Communications/Transportation	_____
☐ Construction/Mining/Agriculture	_____
☐ Education	_____
☐ Financial Institutions	_____
☐ Government (nonmilitary)	_____
☐ Health Care/Medical Services	_____
☐ Home use	_____
☐ Manufacturing/Industrial	_____
☐ Trade: Retail/Wholesale	_____
☐ Other	_____
(please specify) TOTAL	100%

19. What percentage of the Proposer Firm's business involves subcontracting of work to others? % _____
If subcontracting exists, please note the purpose _____
If subcontracting exists do you have a subcontract agreement in writing? Yes ☐ No ☐

20. Does proposer have a written contract with clients?
☐ In all cases ☐ Sometimes ☐ Nevers

21. Do the proposer's contracts contain:

a. Hold harmless or indemnity agreements inuring to the proposer's benefit?	Yes ☐	No ☐
b. Hold harmless or indemnity agreements inuring to the proposer's client's benefits?	Yes ☐	No ☐
c. A specific description of the services proposer will provide to the client	Yes ☐	No ☐
d. Guarantees or warranties?	Yes ☐	No ☐
e. Limitation of liabilities?	Yes ☐	No ☐
f. Exclusion of indirect or consequential losses	Yes ☐	No ☐

22. In what professional organizations or trade associations does the proposer hold membership?
_____

23. Briefly explain your product/service development methodology
_____

24. a.	Is system design work documented and tested?	Yes ☐	No ☐
b.	Is documentation retained for the life of the system?	Yes ☐	No ☐
c.	Is a test plan followed for all program modifications?	Yes ☐	No ☐
d.	Are clients required to sign off on pilot tests run prior to regular production?	Yes ☐	No ☐

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25. Do If clients have responsibility for determining the accuracy of results? Yes ☐ No ☐
If yes, is this in writing? Yes ☐ No ☐

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26. Does the proposer have a contingency plan in writing in the event of computer Failure? Yes ☐ No ☐

27. Experience of personnel:

	Number of Employees	Average Years experience with	Average overall years' experience proposer
Management	_____	_____	_____
Systems Designers	_____	_____	_____
Systems Analysts	_____	_____	_____
Programmers	_____	_____	_____
Operators/Clerical	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____	_____	_____

Are training programs provided for the above categories? Yes ☐ No ☐

28. Is similar insurance currently in force? Yes ☐ No ☐
If yes, indicate Carrier _____
Expiration date _____ How long in force _____
Limit _____ Deductible _____ Premium _____

29. Have any claims been submitted to the current carrier? Yes ☐ No ☐

30. Has any similar insurance been declined or cancelled? Yes ☐ No ☐
If yes, please attach details

31. Does any proposed insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes ☐ No ☐

32. Attach a list and status of all errors and omissions claims made against any proposed insured during the past five years. If none, please check here: None

33. Is Commercial general liability currently in force? Yes ☐ No ☐
If yes, Carrier _____ Limit _____ Deductible _____

Additional Details:

Nationality: Indian ❑ Non – Indian ❑ If Non-Indian, please specify Country: _____

Type of Organization

Corporations ❑ Governments❑ Non-Governmental Organizations ❑ Society ❑
International Organization ❑ Trust ❑ Partnership ❑ Cooperatives ❑ Section 25 Company ❑
PAN card number (10-character number):

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Sources of funds: Please tick appropriate box Salary ❑ Business ❑ Others (please specify)

AML Declaration:

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

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

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

In order for us to efficiently process your proposal, please attach the following to your signed proposal:

a. Most recent audited financial statement (i.e. Annual Report)
b. Descriptive promotional materials (i.e. Advertising brochure)
c. A copy of a standard service contract or a recent contract issued.
d. If the company has been established for three years or less please provide resumes of senior professional staff.

All written statements and materials furnished to the company accepting this proposal (Herein called the Company) in conjunction with this proposal are hereby incorporated by reference into this proposal and made a part hereof.

This proposal does not bind the proposer to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned proposer declares that the statements set forth in this proposal are true. The proposer further declares that if the information supplied on this proposal changes between the date of this proposal and the date the policy is issued, the proposer will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

Producer: _____ Proposer's Signature _____
Address: _____ Title: _____
Date: _____

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PROPOSAL FORM

TechPro Liability Insurance UIN: IRDAN102CPLB0014V01202526

Software Copyright Infringement Supplemental Proposal

Name of Insurance Company to which Proposal is made
(herein called the Insurer)

NOTICE: THE ENDORSEMENT PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF ANY ENDORSEMENT IS ISSUED, THE PROPOSAL WILL BE ATTACHED TO AND BECOME A PART OF POLICY. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

IF AN ENDORSEMENT IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

1. Do you have written policies and procedures concerning the use of copyrighted software?
YES ☐ NO ☐ (If yes, please attach a copy)

2. Do you conduct regular educational seminars, which all employees are required to attend, outlining appropriate software copyright procedures and the risks of infringement? YES ☐ NO ☐
If so, how often are these held? _____

3. Do you have a person within your organization who is responsible for ensuring that copyright violations do not occur? YES ☐ NO ☐

4. Are licenses obtained for all software programs used? YES ☐ NO ☐

5. On average, how many new software programs do you launch in a year? _____
Of these, how many are custom? _____ Prepackaged? _____

6. What percentage of your annual revenue is derived from software or software related products and services? _____

7. Do you take steps to ensure that new employees do not infringe on former employer's software copyrights? YES ☐ NO ☐

8. Do you take steps to ensure that former employees do not assert copyright claims against the proposer?
YES ☐ NO ☐

9. During the past 5 years, with respect to any possible or actual copyright claim, have you received any notice or warning, whether written or oral or been involved in any legal action or proceeding?
YES ☐ NO ☐ (If yes, attach details)

10. Are you aware of any circumstance that could give rise to a copyright claim?
YES ☐ NO ☐ If yes, provide a detailed description of those circumstances.
It is agreed that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

The undersigned authorized representative of the proposer declares that the statements set forth herein are true. the undersigned authorized representative agrees that if the information supplied on this proposal changes between the date of this proposal and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes,

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and the insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance. signing of this proposal does not bind the proposer or the insurer to complete the insurance, but it is agreed that this proposal shall be the basis of coverage should coverage be granted. coverage, if granted, will be granted by means of an endorsement to the insurance policy. this endorsement does not grant an additional limit of liability. the limit of liability for the endorsement is part of the limit of liability for the entire insurance policy. defense costs for claims covered under the endorsement and under the policy are within the limit of liability and are applicable to the policy retention amounts. all written statements and materials furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made a part hereof.

Signed: Date:
Title:
Producer: Date:

Electronic Insurance Account Details:

I would like TechPro Liability Insurance document and related information in Physical format.	YES / NO
I would like TechPro 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 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.	

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
Date:

Signature/Thumb impression of the Proposer
Place:

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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 Royal Sundaram and the Proposer, if this Proposal is accepted by Royal Sundaram 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, Royal Sundaram 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 Royal Sundaram as null and void and all premiums paid under the Policy may be forfeited to Royal Sundaram

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.