ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097.
Tel.: 91-44-71177117 Toll: 1860 425 0000 / 1860 258 0000
Email: care@royalsundaram.in / Website: www.royalsundaram.in

PROPOSAL FORM
Directors & Officers Liability

UIN: IRDAN102CP0001V01200102

001 SDO F 01 (06/2001)

Intermediary Details:

Policy sourced through (Select One)

☐ Corporate Agent ☐ Broker ☐ Web Aggregator ☐ Insurance Marketing Firm (IMF) ☐ Common Public Service Centre (CPSC)

Details of the Person Who Sold the Policy

- Name
- Functional ID
- Branch Mobile Number
- Branch Email Address

If Sold through a Digital Platform

- Principal Officer's Telephone Number
- Principal Officer's Email Address

Documents required in support of this proposal

Please enclose:

1. The latest annual report and accounts (full not modified) The latest interim statement (if applicable)
2. Business plan or "buyout" documentation if the company was formed in the last 3 years

1. State name under which business is now conducted and any previous names

2. State address of your head office and locations of all other offices

3. If you have a website please state address(es)

4. Proposer type (please tick whichever is applicable):

MSME	☐	Non MSME	☐	NGO	☐
Registration No.				Darpan ID	

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5. State the nature of your business

6. Year business commenced

7a. Outline briefly any major changes, e.g. acquisitions, disposals or capital restructuring which have occurred during the last three years

7b. Are there any proposals at the present time which have been publicised relating to the acquisition of the Company by or its merger with any other company? Yes ☐ No ☐

If "Yes", give details

8. Is the Company:

a. Private		Yes ☐		No ☐
b. Public		Yes ☐		No ☐
c. Limited by guarantee	Yes ☐	No ☐		

9. Are the Company's shares traded in any way, either on a stock exchange or otherwise?

Yes ☐ No ☐

If "Yes", state which exchange(s), both in the India or abroad

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10a. State percentage holding of shares by the directors and officers (directly or beneficially)

10b. State names of shareholders and percentage holding of all shareholdings which exceed 10% of the total

11a. Is the business represented in any way in the USA or its territories and possessions, or Canada?

Yes ☐ No ☐

If "Yes" state how (e.g. by subsidiary company, local office, local representation or by any other person or concern holding a Power of Attorney on business on behalf of the business)

11b. State the total gross assets of the company in the USA or Canada

11c. State the total number of employees in the USA or Canada

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12. State the turnover in the USA as a percentage of the whole

13a. If the Company has subsidiaries in the USA or Canada, please complete the following, where such subsidiaries are not wholly owned

Name of subsidiary	Percentage owned	Who owns balance

13b. Does the Company or any of its subsidiaries have any stock, shares, debentures or any other debt or equity in the USA or Canada?

Yes ☐ No ☐

If "Yes"

i. Provide details

ii. was the offer subject to the United States Securities Act of 1933 and/or the Securities Exchange Act of 1934 and/or any amendments thereto?

Yes ☐ No ☐

13c. If the Company or any of its subsidiaries have shares issued in the form of American Depository Receipts, state at which level

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14. Do any of the directors and officers, at the specific written request of the Company hold positions as directors, officers or positions of equivalent status in any companies, other than subsidiaries?

Yes ☐ No ☐

If "Yes", provide details of company names and, if not India, country of registration

14. Has any actual or alleged claim been made or prosecution been brought against you during the last 10 years in respect of any neglect, error or omission or other wrongful act committed in the capacity of director or officer (whether in relation to the activities of the Company, its subsidiaries or any other company in which the directors or officers hold or have held office)?

Yes ☐ No ☐

If "Yes" supply full details including any paid or outstanding amounts

15. Are you, after enquiry, aware of any circumstances which might give rise to a claim against the Company or any director or officer?

Yes ☐ No ☐

If "Yes", give details

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16. State Limit of Indemnity required for Directors & Officers Liability insurance

£ _____

17. Have you any existing Directors & Officers Liability insurance in force?

Yes ☐ No ☐

If "Yes", state:

Name of insurer	Limit of Indemnity	Renewal date

18. Has any insurer declined a proposal, refused renewal or terminated cover in respect of your Directors & Officers Liability insurance?

Yes ☐ No ☐

If "Yes", give details

Declaration

I/We declare the above statements made by me/us or on my/our behalf are true and complete and will form part of the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of business.

Signature :

Date :

On behalf of (insert name of firm) :

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E-mail address :

(signing this form does not bind the Proposer to complete the insurance)

We recommend that you keep a record, including copies of letters and this proposal form, of information supplied to us for the purpose of entering into this contract referred to above.

PREMIUM DETAILS:

	Mode of Payment	
	Payment Details Cheque no. and date Bank name and Branch Bank Account details IFSC Code	
	Amount in (₹)	
	Date of Payment (DD/MM/YY)	
	PAN (If premium is 1 Lac and Above.)	
	GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE:

	Name of bank account holder (mention specifically, if different from name of policyholder)	
	Bank Name & Branch	
	Bank Account Number IFSC Code	

NOMINEE DETAILS:

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Name of the Nominee	
Date of Birth	
Relationship with the Proposer	
Mobile Number	
E-mail id	
Address of the Nominee	
Present address	
Permanent address ((if left blank, will be construed as being same as Present Address))	

Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

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ELECTRONIC INSURANCE ACCOUNT DETAILS:

I would like to have ` Directors & Officers Liability' Policy in Physical format.	YES / NO
I would like to have ` Directors & Officers Liability' Policy in Electronic format only	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.

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DECLARATION BY INSURED:

I to the best of my knowledge hereby confirm that the statements contained in this proposal form are true and correct and I have not concealed, misrepresented or mis-stated any material fact. I also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be intimated to the insurer immediately. I hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its Expert(s) / incidence response provider for providing claims services related to this insurance.

I / We hereby agree that this declaration shall form the basis of the contract between me and Royal Sundaram General Insurance Co. Limited.

Signature of the Proposer Place:

Name: Date:

AML GUIDELINES: (Premium Payment Shall Be Made By The Policyholder Of The Policy)

ANTI - MONEY LAUNDERING: The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AMLguidelines/rules.

I 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. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance contract in case I am found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-Indian, please specify Country: _____

Type of Organization:

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐

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Society ☐	Trust ☐	International Organization ☐
Partnership ☐	Cooperatives ☐	Section 8 Companies ☐

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.

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

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Date:

Place:

AGENT'S DECLARATION:

I, _____(Full Name) in 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 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.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false

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information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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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 the premium shown in 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 table of the Insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.