

## PROPOSAL FORM

### Proposer Details

1. Name of Company \_\_\_\_\_

2. Address of Head Office \_\_\_\_\_  
 \_\_\_\_\_

3. Country of Registration \_\_\_\_\_

4. (a) How long has the Company continually carried on business? \_\_\_\_\_  
 (b) State business activities of the Company and its subsidiaries? \_\_\_\_\_

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.

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: \_\_\_\_\_

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13. Please list:

- (a) Total number of full-time employees:
  - (i) In India and world-wide excluding the United States of America \_\_\_\_\_
  - (ii) In the United States of America \_\_\_\_\_
- (b) Total number of part-time employees:
  - (i) In India and world-wide excluding the United States of America \_\_\_\_\_
  - (ii) In the United States of America \_\_\_\_\_
- (c) If the Company has operations in the United States of America, total number of employees located in:
  - (i) California \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
  - (ii) Michigan \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
  - (iii) Texas \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

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

- (a) Rs 2,500,000 per annum % \_\_\_\_\_
- (a) Rs 2,500,000 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?

Employees \_\_\_\_\_ Directors & Officers \_\_\_\_\_

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

If "yes", are all management and supervisory 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 tick box if the manual/ guidelines indicate a policy on procedure with respect to the following events:

- Written application for employment  Redundancies, termination of employment and early retirement
- Legally prohibited discrimination  Sexual harassment
- Compliance with statutes  Employee disciplinary actions
- Confidential treatment of medical examinations  Employee out-placement services
- Employee appraisals/reviews

(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confidential treatment of medical examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Legally prohibited discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Human Resources Dept.	Legal Dept.	External Legal Adviser
5. Compliance with statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Employee disciplinary actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Redundancies, termination of employment and early retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employee out-placement services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Employee appraisals/ reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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.**

**Additional Information**

**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):** \_\_\_\_\_

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

**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.

**Section 64 VB of the Insurance Act 1938**

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

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### 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.

2. I / we are not Politically Exposed Persons \* nor are their close relatives / 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."

### Contact details of TAGIC and TAGIC CIN

#### Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

24x7 Toll Free No: 1800 266 7780 | Visit us at [www.tataaig.com](http://www.tataaig.com) | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

**IRDA Approved Product Name & Product UIN no.** IRDAN108P0004V01200708

### Declaration

I declare that the statements and particulars in this proposal are true and no material facts have been misstated or suppressed after enquiry. 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 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.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

(authorised signatory of the Insured)

Company: \_\_\_\_\_ Date: \_\_\_\_\_

### 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

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