

# FINANCIAL INSTITUTIONS PROFESSIONAL INDEMNITY

## UIN: IRDAN108CP0004V01200102



WITH YOU ALWAYS

### PROPOSAL FORM

THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENCE COSTS. AMOUNTS INCURRED FOR DEFENCE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. ALSO NOTE THAT THE INSURER HAS THE RIGHT, BUT NOT THE DUTY TO DEFEND THE INSURED, HOWEVER, THE INSURER MAY ADVANCE DEFENCE COSTS PRIOR TO THE FINAL DISPOSITION OF A CLAIM.

IF A POLICY IS ISSUED THE PROPOSAL FORM WILL BE ATTACHED THERETO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

- A. Answer all questions for all potential Insureds on a combined basis, leaving no blank spaces.
- B. If you have insufficient space to complete any of your own answers, continue on your headed paper.
- C. This form must be dated and is to be signed by two Directors of the Proposer.
- D. It is the intention of the Insurer that any contract of insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of the Insurer to offer coverage only in respect of those entities named in answer to question 1.
- E. Manifestly it is not the intention of the Insurer or the Proposer to cover the hazards of trading: to do so would be to translate the role of Insurer into that of co-venturer with the right to participate in trading profits. This is a statement of intent and shall not be construed to broaden the cover provided by the policy terms and conditions.

ATTACH COPIES OF THE FOLLOWING:

- (a) Proposer's latest audited annual report;
- (b) Copy of brochure and sample contract offered to clients;
- (c) Information indicating overall portfolio performance for past five years (or any similar information available).
- (d) Prospectus and audited annual report for each Investment Company/Unit Investment Trust for which the Proposer acts as Investment Adviser;
- (e) List of Proposer's Subsidiaries and related entities, including Agencies and Branches.

1) State the name and address of the Proposer and the date of establishment. Also list all Subsidiaries for which cover is requested indicating each Subsidiary's address and date of establishment.

a. Proposer: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Date established: \_\_\_\_\_

Name of Subsidiary	Address (es)	Date Established

2) Does the Proposer have a parent (ownership of more than 50% of Proposer)? Yes  No

If "Yes", please supply full details and attach parent's latest audited annual report.

Please provide an organisational chart of the Proposer and any Subsidiaries listed above showing the operating structure of each company.

3) a. Has the Proposer been involved in any mergers, acquisitions consolidations and/or divestitures during the last 5 years? Yes  No

If "Yes", please supply full details.

b. Are any plans for merger, acquisition, consolidation and/or divestiture being considered ? Yes  No

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4) Financial Information (state the following as of the dates indicated) :

	Currently or at date of last interim report	At last year end	At Previous year end
a. Authorised Capital			
b. Paid up Capital			
c. Total Assets			
d. Total Loans and Discounts			
e. Total Funds under Discretionary			
f. Total Profit before tax			
g. BIS ratio: Tier One Tier Two			

NOTE: The last Annual Statement and Report and any interim issued since must be submitted with this Proposal.

5) In the last financial year what approximate percentage of the Proposer's total revenues were derived from the following activities?

a. Loans, Leases or Extensions of Credit:

- Commercial:  Domestic  Foreign  
 Interbank:  Domestic  Foreign  Personal

b. Trade Financing, A Forfait \_\_\_\_\_

c. Barter, Countertrade or Swap Operations \_\_\_\_\_

d. Foreign Exchange Dealings \_\_\_\_\_

e. Commodity Market Dealings \_\_\_\_\_

f. Acting as Securities Broker/Dealer \_\_\_\_\_

g. Acting as a custodian or depository or managing agent for Securities or money \_\_\_\_\_

h. Acting as an investment advisor, financial advisor, economic advisor or investment manager pursuant to a written contract in regard to any of the following:

Mergers and Acquisitions: \_\_\_\_\_

Share Placing and New Issues: \_\_\_\_\_

Venture Capital: \_\_\_\_\_

Other (describe): \_\_\_\_\_

i. Administration of trusts, estates or guardianships within the Proposer's Trust Department \_\_\_\_\_

j. Acting as a trustee under bond indenture \_\_\_\_\_

k. Individual asset management or fund management \_\_\_\_\_

l. Overseas Advisory (if applicable, attach separate sheet stating which countries are covered) \_\_\_\_\_

m. Administration of pension or retirement accounts \_\_\_\_\_

n. Acting as a receiver, trustee in bankruptcy or assignee for the benefit of creditors \_\_\_\_\_

o. Administration of a program of securities lending (using clients securities) \_\_\_\_\_

p. Acting as a dividend disbursing agent, exchange agent, redemption or subscription agent, warrant or scrip agent, fiscal or paying agent, tax withholding agent, escrow agent, registrar, transfer agent or clearing agent, or wire transfer agent

\_\_\_\_\_  
 \_\_\_\_\_

- q. Acting as a tax planner and/or tax preparer to trusts, estates and individuals \_\_\_\_\_
- r. Acting as a real estate broker or agent or real estate appraiser and/or managing real or personal property for others, acting as an insurance agent or broker, or otherwise rendering advice or recommendations regarding insurance \_\_\_\_\_
- s. Sale of travellers cheques, certified cheques or money orders, or administration or sale of credit cards or credit card services \_\_\_\_\_

6) a. Description of Other Services Provided by Proposer or its Subsidiaries (attach separate sheet if necessary). NOTE: Only those services listed herein shall be afforded coverage if a policy is issued, unless the Insurer agrees in writing to extend coverage for additional services.

b. Has the Proposer or any Subsidiary provided any new services to its clients during the last 3 years? Yes  No   
 If "Yes", give details. \_\_\_\_\_

c. Does the Proposer intend to offer any new services to its clients during the next 12 months? Yes  No   
 If "Yes", give details. \_\_\_\_\_

d. Are all services provided to clients pursuant to a standard form of contract, agreement or letter of appointment? Yes  No   
 If "No", give details of those services which are rendered in the absence of a written contract, agreement or letter of appointment.

e. Describe the procedures adopted when client instructions are received by telephone:

Within the Commodity Department \_\_\_\_\_

Concerning the purchase/sale of stock \_\_\_\_\_

Within the Foreign Exchange Department \_\_\_\_\_

In any other instance \_\_\_\_\_

f. List each takeover or merger situation in which the Proposer acted on behalf of clients in the last twelve months, indicating by asterisk, on behalf of whom the Proposer was acting, and the values involved.

Offeror	Offeree	Outcome	Offer Value	Fee Income
Total:				

h. List all rights issues in which the Proposer acted on behalf of clients in the last twelve months, and indicate share capital involved.

Company	Share Placed	Value	Lead/Follow Underwriter	% left with Underwriters	Fee Income
Total:					

i. Describe the standard due diligence procedures followed when performing the functions stated in f., g. and h. above, and indicate whether clients are required to review any prospectus before it is released and agree to its contents.

7) If the Proposer undertakes trust activities or individual asset or fund management: \_\_\_\_\_

a. Are these transactions subject to the same procedures and review as the Proposer's own account transactions? Yes  No

If "No", please describe. \_\_\_\_\_

b. State the total asset value of trust, individual asset and fund management accounts:

i) Current Year ` \_\_\_\_\_ Previous Year ` \_\_\_\_\_

ii) Asset value of largest account: \_\_\_\_\_

iii) Total number of accounts managed: \_\_\_\_\_

iv) Number of accounts lost during last 12 months and corresponding total asset value: \_\_\_\_\_

v) Reasons for loss of accounts: \_\_\_\_\_

vi) Minimum size of accounts currently accepted as new accounts: \_\_\_\_\_

vii) How often are financial reports rendered to clients? \_\_\_\_\_

viii) Does the Proposer have an "approved" list of securities which can be recommended to clients? Yes  No

ix) Indicate the percentage of account investments in each of the following geographic regions:

India			
United Kingdom:		Continental Europe:	
United States:		Canada:	
Far East:		Southeast Asia:	
Australia:		Latin America:	
Other:			

8) Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer's data base? Yes  No

If "Yes", list each system. \_\_\_\_\_

a. Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer's data base? Yes  No

If "Yes", list each one, indicating whether transfer is made on a pre-format or free-format basis. \_\_\_\_\_

b. Does the Proposer permit the initiation of Funds Transfer by telephonic instruction from clients? Yes  No

c. If "Yes", do all clients to whom this facility is available complete written agreements outlining legal responsibilities, transfer limits and call back parameters for verifications? Yes  No

d. What are the call back parameters for verification? \_\_\_\_\_

e. Are all such instructions directed only to the Wire Transfer Room? Yes  No

f. Are all conversations including these instructions recorded? Yes  No

g. Is a written document produced in respect of each instruction, which is date/time stamped, logged and maintained for at least 90 days? Yes  No

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9) State number of Employees in following categories:

	Domestic	Foreign (U.S./Canada)	Foreign (Other than USA/ Canada)
a. i) at Head Office			
ii) at Computer Centre			
iii) at Agencies and Branches			
iv) at Subsidiaries			
Total:			

b. What has been the percentage turnover in the following employment categories during the last twelve months?

	Inward	Outward
Directors (including those of Subsidiaries)	%	%
Employees	%	%

c. State the total of salaries, including commissions, paid to Directors and Employees during the last financial year: \_\_\_\_\_

d. Are any Directors or Employees compensated by bonus, profit commission, or similar performance related reward which is based upon their own performance or that of a particular department/division/subsidiary (as distinguished from the Proposer as a whole)? Yes  No

If "Yes", state in which departments/divisions/subsidiaries: \_\_\_\_\_

10) a. State the name and address of External Accountants. \_\_\_\_\_

b. State the frequency of auditing services performed by the External Accountant for the Proposer. \_\_\_\_\_

c. Does the External Accountant regularly review the system of internal controls and furnish written reports? Yes  No

d. Has the External Accountant made any recommendations in the last two audits? Yes  No

If "Yes", state the recommendations and confirm that they have been adopted or give reasons for non-compliance. \_\_\_\_\_

e. Has the External Accountant changed in the last five years? Yes  No

If "Yes", give details and explain why the change was made. \_\_\_\_\_

Attach a copy of the most recent engagement letter from the Proposer's principal External Accountant.

11) a. State the name and address of Lawyers routinely acting for the Proposer. \_\_\_\_\_

b. Do the Lawyers supply written opinions as to the legality of any change in investment or management policy in connection with Trusteeship activities? Yes  No

c. Does the Proposer have an in-house Legal Department? Yes  No

If "Yes", how many legally qualified individuals does it comprise? \_\_\_\_\_

d. What are the in-house Legal Department's responsibilities? \_\_\_\_\_

<p>e. Does the Proposer have a Compliance Officer? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", state his duties and to whom he reports and attach his curriculum vitae. _____</p> <p>If "No", who is responsible for compliance issues? _____</p>	
<p>f. Who has the responsibility for reviewing client contracts, agreements or letters of appointment? _____</p>	
<p>g. Are all publications issued by the Proposer reviewed by the in-house Legal Department and/or outside Lawyers? _____</p> <p style="text-align: right;">Yes _____ No _____</p>	
<p>h. Does the in-house Legal Department offer its services to customers or other third parties? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide complete details. _____</p>	
<p>12) a. Does the Proposer have a written code of ethics encompassing all Directors and Employees which includes a statement on the principles of acceptable conduct, and with guidelines for acceptable outside activities, conflicts of interests, gifts from customers, and prohibition on other employment? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>b. Are Directors and Employees required to agree in writing that they have read the ethics code and are abiding by said code? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. Does the Proposer require all Directors and Employees to declare their outside business interests and specify relationships which could lead to possible conflicts of interest? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>13) a. To which regulatory authorities are the Proposer, and those Subsidiaries listed in the answer to question 1, accountable? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>b. Are regular examinations of the Proposer and/or its Subsidiaries conducted by such authorities? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please list the dates and authorities which performed the last two examinations. _____</p>	
<p>c. During the last five years has the Proposer received any admonishment or critical directive from any regulatory authority? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide complete details. _____</p>	
<p>14) Does any proposed Insured have any knowledge or information, after full enquiry, of any circumstances whatsoever, which might give rise to claims being made against them? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide complete details. _____</p>	
<p>15) Has any demand or claim of a type being the subject of this insurance been made against any proposed Insured to which this Proposal Form applies during the past five years? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide complete details. _____</p>	
<p>16) Indicate all litigation experience of the Proposer and its Subsidiaries for the last five (5) years which relate to or involve services which could be covered herein. For each such litigation, please indicate the amount of settlements and judgements paid. _____</p>	
<p>17) State details of similar insurance carried during the previous five years, if any:</p> <p>a. Professional Indemnity</p> <p>i) Insurers _____</p> <p>ii) Sum Insured _____</p>	

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iii) Deductible \_\_\_\_\_

iv) Policy Period \_\_\_\_\_

v) Premium \_\_\_\_\_

b. Directors and Officers

i) Insurers \_\_\_\_\_

ii) Sum Insured \_\_\_\_\_

iii) Deductible \_\_\_\_\_

iv) Policy Period \_\_\_\_\_

v) Premium \_\_\_\_\_

c. Bankers Blanket Bond/Fidelity/In and Out Policy

i) Insurers \_\_\_\_\_

ii) Sum Insured \_\_\_\_\_

iii) Deductible \_\_\_\_\_

iv) Policy Period \_\_\_\_\_

v) Premium \_\_\_\_\_

d. Has any application or proposal for Professional Indemnity Insurance made by the Proposer or its predecessor(s) in business ever been declined? Yes  No

If "Yes", state the reasons. \_\_\_\_\_

e. Has any Professional Indemnity Policy in the name of the Proposer or its predecessor(s) in business ever been cancelled? Yes  No

If "Yes", state the reasons. \_\_\_\_\_

18) State the Limit of Indemnity requested. \_\_\_\_\_

**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.

**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."

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### 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 | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

IRDA Approved Product Name & Product UIN no. IRDAN108P0004V01200102

### 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) \_\_\_\_\_

### Declaration

I HEREBY DECLARE THAT the above statements and particulars are true and complete to the best of our knowledge and that we have not suppressed or misstated any material facts and we agree that this Proposal shall be the basis of any contract \* subsequently effected between the Proposer and the Underwriters.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Director)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Director)

- \* 1. Signing this Proposal Form does not bind either the Proposer or the Insurer to complete this insurance.
- 2. If a policy is concluded it will be issued on a "CLAIMS MADE" basis i.e. to indemnify the Proposer for claims first made against it in the manner described in the policy during the Policy Period.

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