

## PROPOSAL FORM

**Tata AIG General Insurance Limited**  
**4th floor, Ahura Centre, Mahakali Caves Road, Andheri (E), Mumbai 400093.**

### Note to the Proposer

Please note that this proposal form is being completed on behalf of all insureds.

Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing, to complete this insurance.

For the purpose of this proposal form, "Fund" shall be deemed to include all trusts, investment management companies (open or closed ended), funds and partnerships.

For the purpose of this proposal form "Commingled funds" shall mean any assets which are managed by the Proposer on behalf of third parties which are not part of the "Funds" investment structure.

For the purposes of this proposal form "Investment Management Services" shall be deemed to include investment advisory services.

For the purpose of this proposal form "FUM" shall mean Funds Under Management, and "NAV" shall mean Net Asset Value.

Please provide by addendum any supplementary information which is material to the response of the questions herein.

### Proposer Details

1. (a) Name of Proposer: \_\_\_\_\_  
 (b) Address: \_\_\_\_\_  
 \_\_\_\_\_

2. (a) Limit of Liability requested: \_\_\_\_\_  
 (b) Retention: \_\_\_\_\_

3. Is the Proposer authorised and approved by IMRO, the FSA or any equivalent regulatory body in any other jurisdiction to conduct Investment Management services? Yes  No

4. (a) Please provide the following for pre-existing insurance policies.

	Insurer	Limit	Retention Premium
(i) Directors & Officers			
(ii) Professional Indemnity			
(iii) Crime			

(b) Are the Funds covered under the above policy? Yes  No   
 If "no", are the Funds insured under a separate policy? Yes  No

5. Please indicate for which of the following cover is required:

(a) Insurance Cover 1.1: Investment Advisor/Manager Professional Civil Liability

(b) Insurance Cover 1.2: Fund Civil Liability Including Managerial Civil Liability

(c) Insurance Cover 1.3: Investment Advisor/Manager Managerial Civil Liability

(d) Insurance Cover 1.4: Investment Advisor/Manager and Fund Crime Protection

(e) Optional Entity Employment Practice Liability (see Employment Practice Liability Proposal)

CorporateGuard - Investment Management Insurance UIN: IRDAN108CP0001V01200304

**Insurance Cover 1.1: Investment Advisor/Manager Professional Liability**

**Please complete this section only if coverage is requested**

1. Please attach copies of the following:
  - (a) Proposer's latest annual report
  - (b) Copy of standard engagement letter/investment management agreement
  - (c) ADV report (as filed with SEC) for all SEC registered advisors
  - (d) Prospectus and financial statements for all managed Funds
2. Please provide the percentage split of fees and funds under management (FUM) in respect of the following: (questions (a), (b), (c) and (d) are separate questions, with parts (i) and (ii) of each question totalling 100%)

	Current Year		Previous Year	
	Fees	FUM	Fees	FUM
(a) (i) Full discretionary advisory				
(ii) Non-discretionary				
(b) (i) Active investment strategy				
(ii) Passive investment strategy				
(c) (i) Quantitative investment module				
(ii) Traditional investment module				
(d) (i) Assets managed in Funds				
(ii) Assets managed in Commingled or pooled funds - strategies				

3. Please provide the following:

	Current Year		Previous Year	
	Cost Market Value	Net Asset Value	Cost Market Value	Net Asset Value
(a) Funds under management (FUM)				
(b) Asset Value of largest account				
(c) Asset Value of lost accounts				
(d) Asset Value of new accounts				

4. (a) Does the Proposer or any subsidiary act as an Investment Advisor in North America and/or is the Proposer or any subsidiary registered with the SEC under the Investment Advisors Act of 1990? Yes  No

(b) What is the percentage of the total fees which are received from North American clients/ investors? \_\_\_\_\_

5. Please provide the percentage split for the following investment areas: (questions (a) and (b) should be treated separately)

(a) Territory	Fees	FUM
India		
Europe		
Far East and Asia		
North America		
South America		
Australia		
Other		

(b) Investment Strategy	Fees	FUM
Listed Equity		
Unlisted Equity		
Debt		
Real Estate/Property		
Commodities		
Derivatives – hedging		
– speculative		
Limited Partnerships		
Other		

6. Does the Proposer have set procedures in place to ensure:

- (b) Are the Funds covered under the above policy? Yes  No
- (b) any unauthorised or trading errors are identified, monitored, and where necessary, rectified? Yes  No
- (c) any breaches of pre-agreed investment restrictions are recognised and rectified? Yes  No
- (d) a formalised due diligence process is followed when assessing any given investment or investment strategy? Yes  No
- (e) suitable financial advice is given and recommendations are made according to investors’ objectives? Yes  No
- (f) regulatory requirements, provisions, rules, principles, and codes are adhered to by all relevant employees? Yes  No

If “no”, please provide further details on a separate sheet.

**Insurance Cover 1.2: Fund Liability Including Managerial Liability**

**Please complete this section only if coverage is requested**

1. Please attach copies of the following for each Fund:
- (a) latest prospectus
- (b) latest annual report
2. Please provide the following information for any Fund for which cover is required.  
 (Please provide details on a separate sheet if necessary)

Fund Name	Current Year Net Asset Value	Previous Year Net Asset Value

3. Please complete the following for all publicly traded Funds. (Please provide details on a separate sheet if necessary)

Fund	Date of Listing	Original Funds Raised (£)	Location Traded

4. Please complete the following per Fund or provide the information via the prospectus, financial review, or annual accounts:  
 (please provide details on a separate sheet if necessary)

Fund Name	Current Investors Holding More Than 15% of Fund, and % Held per Investor	Ability to leverage Fund by More Than 25%	Ability to Take Management Control Over an Investee Company or Appoint a Director to the Investee Company Board
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Is the prospectus or offer memorandum for each Fund:

- (a) reviewed by internal/external legal counsel? Yes  No
- (b) offered with a detailed risk disclosure? Yes  No
- (c) offered without the provision of guarantees or warranties? Yes  No

6. Have there been any changes or modification in the investment restrictions or limitations of any Fund within the past 2 years? Yes  No

If "yes", please give details on a separate sheet (or provide new prospectus).

7. Have there been any material changes in the administrative procedures or the investment policies of any Fund within the past 2 years? Yes  No

If "yes", please provide full details on a separate sheet.

8. Do the directors, officers, partners and trustees (as a group) of the Investment Trusts/Funds of their investment advisor/manager own more than 50% therein? Yes  No

If "yes", please provide full details on a separate sheet.

9. Do the Fund's directors, officers, partners and trustees have procedures in place to ensure the investment advisor's performance and investments selected are acceptable and within the parameters of the investment management agreement? Yes  No

If "no", please provide further details of the alternative procedures in place.

10. Has any Fund for which cover is required:

- (a) been subject to a regulatory review? Yes  No
- (b) had a drop in the Net Asset Value during any given 12 months exceeding 50% of its original Net Asset Value? Yes  No
- (c) has been restructured or is likely to be liquidated or restructured over the next 12 months? Yes  No

If "yes" to any of the above, please provide details on a separate sheet.

**Insurance Cover 1.3: Investment Advisor/ Manager Managerial Liability**

**Please complete this section only if coverage is requested**

1. Please attach a copy of Proposer's latest annual report.
2. During the last 5 years:
  - (a) has the name of the Parent Company changed? Yes  No
  - (b) have any acquisitions or mergers taken place? Yes  No
  - (c) have any subsidiary companies been sold or ceased trading? Yes  No

(d) has the capital structure of the Parent Company changed? Yes  No   
 If "yes", please give details on a separate sheet.

3. (a) Has the Proposer any acquisition, tender offer or merger pending or under consideration? Yes  No   
 (b) Is the Proposer intending a new public offering of securities within India or elsewhere? Yes  No   
 (c) Is the Proposer aware of any proposal relating to its acquisition by another company? Yes  No   
 If "yes", please give details on a separate sheet.

4. Is the Proposer:

(a) Privately owned? Yes  No   
 (b) Publicly owned? Yes  No   
 (c) Listed on any Indian Stock Exchange? Yes  No   
 (d) Listed on any foreign Stock Exchange? Yes  No   
 (e) Listed on the Unlisted Securities Market? Yes  No   
 (f) Traded in any other way? Yes  No

5. Please list:

(a) Total number of shareholders \_\_\_\_\_  
 (b) Total number of shares issued \_\_\_\_\_  
 (c) Total number of shares held by Directors and Officers (both direct and indirect) \_\_\_\_\_  
 (d) All holdings representing 15% or more of the ordinary Share Capital of the Proposer; giving the holder and percentage held by each

Holder Name	% of Ordinary Share Capital Held

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**North America Cover**

**If North America Cover is required, please complete the following**

6. (a) Does the Proposer or any of its subsidiaries have any stocks, shares or debentures in North America (other than by any form of propriety investments made on behalf of third parties) Yes  No   
 If "yes", please complete the following:

(i) on what date was the last offer/tender/issue made? \_\_\_\_\_  
 (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   
 (iii) If any stock or shares are traded in the form of ADR's, please advise:  
 (a)  Sponsored  Un-sponsored  
 (b) the percentage traded as a total of the issued share capital? \_\_\_\_\_  
 (c) the number of ADR shareholders? \_\_\_\_\_  
 (b) does the investment manager/advisor or any of its subsidiaries have any debt instruments or commercial paper in North America? Yes  No   
 If "yes", please give details \_\_\_\_\_  
 \_\_\_\_\_

**Insurance Cover 1.4: Investment Advisor/Manager and Fund Crime Protection**

**Please complete this section only if coverage is requested**

1. Total number of employees and directors of the Investment Manager/Advisor and the Funds? \_\_\_\_\_
  
2. Has management defined and communicated formal trading policies and dealing limits to all applicable employees? Yes  No
3. Are trading transactions and positions reviewed for conformity with formal trading and authority limits? Yes  No
4. Are accounts or trades which exceed set limits identified and rectified or referred to senior management for immediate action? Yes  No
5. Are deals only permitted to be made via approved counter parties? Yes  No
6. Is the book of investments periodically substantiated and evaluated against recorded values independently of the dealers and fund managers? Yes  No
7. Is the responsibility for investment decisions segregated from the accounting, back-office, and custodial responsibilities? Yes  No
8. Are the trading systems adequately controlled to ensure that only authorised personnel are able to trade on the system? Yes  No
9. Are all key source documents maintained in a secure environment prior to being entered onto the computer system, in order to prevent unauthorised modifications or inappropriate use of the data? Yes  No
10. Please specify the method of instruction for fund transfer(e.g. written, electronic, computer, telephone etc.).
  
11. Please provide a brief description of the methods used to secure fund transfers (e.g. passwords, encryption, code words, call back).
12. (a) What is the total annual volume of funds transferred? \_\_\_\_\_
- (b) What is the average size of each transfer? \_\_\_\_\_  \_\_\_\_\_
- (c) Are all fund transfers handled by financial institutions? Yes  No
- If "yes", do you have procedures to ensure the following are done with the proper authority?
- (i) Transfer of funds Yes  No
- (ii) Request changes in procedures Yes  No
- (iii) Obtaining of records Yes  No
- If "no", do you have facilities to transfer funds without involving third parties Yes  No
13. Do you have adequate internal controls to ensure:
- (a) fraudulent instructions are not given to any financial institution by any employee or any other person who does not have authority to give genuine instructions? Yes  No
- (b) telephone instructions are confirmed in writing? Yes  No
14. Are all banks required to confirm fund transfer transactions within 24 hours? Yes  No

If "no" to any of the above please provide further details or alternative procedures on a separate sheet.

**Insurance Cover 1.5: Investment Advisor / Manager & Fund Third Party Computer Fraud Protection**

**Please complete this section only if coverage is requested**

1. Are unique passwords used to give various levels of entry to the computer depending on the users authorisation? Yes  No
2. Are passwords automatically withdrawn when people leave? Yes  No
3. Are all amendments to programmes approved independently of the persons making the amendments? Yes  No

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WITH YOU ALWAYS

4. Are programmes protected to detect unauthorised changes?

Yes  No

5. Is your computer system "firewall" protected to prevent unauthorised access? Yes  No
6. Is your computer system protected by virus detection and repair software? Yes  No

**General Information**

**This section is to be completed by all applicants**

1. Do you have an internal audit team which periodically perform independent checks on:
- (a) segregation of duties? Yes  No
  - (b) accuracy of records? Yes  No
  - (c) reporting to management/ clients? Yes  No
  - (d) management and supervisory procedures? Yes  No
  - (e) physical and non-physical internal controls? Yes  No

2. Have all material recommendations made by the internal and external auditors in the last annual audit been implemented? Yes  No

If "no", please provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. (a) Do you offer 'on-line' Internet securities dealing facilities funds transfer facilities, or other e-commerce related services to third parties? Yes  No

If "yes", please give details:

Service	Percentage of overall Income

- (b) Please select the method used to verify the identify of the users transacting via the Internet:

- (i) Static Password
- (ii) One-time password
- (iii) Public/ private key encryption
- (iv) Digital signatures
- (v) Other (please provide details)

- (c) How is the integrity of any given transaction protected?

- (i) 128 bit encryption
- (ii) Message authentication
- (iii) Receipt confirmation
- (iv) Other (please provide details)

- (d) How does the Proposer prevent unauthorised access to clients'/investors' main processing systems?

- (i) Firewall
- (ii) Off-line front-end processing
- (iii) On-line front-end filtering

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(iv) Other (please provide details)

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- (e) Do you utilise any form of activity tracking device in relation to the Internet facilities? Yes  No
- (f) Do you have formal terms and conditions for use of your Internet Service which outlines the obligations and responsibilities of the users? Yes  No
- (g) Does the Proposer have procedures in place to monitor to whom their services are provided, taking into account any jurisdictional or cross border issues? Yes  No
- (h) Do you use any anti-virus software? Yes  No
- If "yes", is it upgraded on a regular basis? Yes  No

**4. Recruitment Procedures**

When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:

- (a) undertake independent checks into their employment history? Yes  No
- (b) undergo a process to ensure their suitability for the position? Yes  No

**5. Suppliers/Service Providers/Outsourcing:**

(Please complete this section only if coverage is requested for RTAs and other outsourced service providers)

- a. Do you maintain an approved suppliers list? Yes  No
- b. Are suppliers, service providers and outsourcing companies vetted for competency, financial stability and honesty before being approved? Yes  No
- c. Are all suppliers, service providers and outsourcing companies appointed under written contract? Yes  No
- d. Are procedures in place to assess the suitability of trustees; fiduciaries; administrators or officers of any of your Pension Plans? Yes  No
- e. (i) Do you outsource any activities to third party service providers? Yes  No
- (ii) If "yes", please detail the services provided.
- f. Do you audit outsourcing companies during the term of their contract? Yes  No
- g. If the service provider or outsourcing company operates on your premises are their employees under your daily management control? Yes  No

**Claims Information**

6. Has the Proposer or any of the Funds, or directors, officers, partners, trustees or employees thereof been subject to any regulatory investigation? Yes  No
- If "yes", please provide details on a separate sheet.
7. Did such an investigation result in disciplinary proceedings, admonishment, or recommendations? Yes  No
- If "yes", were all the recommendations implemented? Yes  No
8. Has the Proposer received any complaints or notices with respect to any breaches of any investment mandate guidelines? Yes  No
9. (a) Has the Proposer or any of its directors, officers, partners, trustees or employees been involved in the following:
- (i) a civil or criminal action or administrative proceeding with respect to a violation of a law regulating competition, fair trade laws securities laws, copyright laws, or patent litigation? Yes  No
- (ii) any representative actions, class actions or derivative suits? Yes  No

(b) Has any third party claim been brought against the Proposer or any of its directors, officers, partners, trustees or employees during the last 5 years? If "yes", please provide full details on a separate sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Has the Proposer sustained any first party loss during the past 5 years? If "yes", please provide full details on a separate sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Does the Proposer, after full enquiry, or any of its directors, officers, partners, trustees or employees have any knowledge, of any act, omission, fact, event or circumstances which might give rise to a claim, or may result in a loss, under the proposed insurance? If "yes", please provide full details on a separate sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. In case of "Yes" in any response to questions from 6-9 of the above, please describe what corrective measures were taken to prevent similar losses

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

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

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.

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

**IRDA Approved Product Name & Product UIN no.** IRDAN108CP0001V01200304

**Declaration**

I declare that statements and particulars in this proposal form are true and no material facts have been misstated or suppressed after full enquiry. I agree that this proposal, together with any other information supplied shall form the basis of the contract of Insurance affected thereon. I undertake to inform Insurers of any material alterations to those facts occurring efore the 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 Proposer)

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