

EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

Proposal Form

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

Policy issuing office:

Policy servicing office:

Intermediary/Agent Name:

Intermediary License no /Agent code.:

Intermediary/Agent Contact No.:

1. Proposer Details

1. Name of Proposer:

Note: The cover proposed for automatically includes all subsidiaries (and associated companies in which you have retained management control), worldwide, and the answers given in this proposal form should reflect this.

Company Website/URL:

2. Address of Head Office

Is the Communication address same as the Head Office address ?

If No, please provide below

Communication Address:

3. Policy Period: From: To:

4. Country of Registration:

5. Date of incorporation/formation:

6. Nature of Operations:

7. (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)

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

(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. Yes No

2. Risk Details

8. (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

9. 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:

10. 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:

11. 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.
12. 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.
13. 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.
14. 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 provide details: _____
15. 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
16. Please list the percentage of employees with salaries greater than:
- a) Rs 2,500,000 per annum _____ %
17. 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).

18. 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 and Officers: _____
19. (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
- Legally prohibited discrimination
- Compliance with statutes
- Confidential treatment of medical examinations
- Redundancies, termination of employment and early retirement
- Sexual harassment
- Employee disciplinary actions
- 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
Written application for employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential treatment of medical examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legally prohibited discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee disciplinary actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redundancies, termination of employment and early retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee out-placement services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.

20. 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)?

If "yes", please attach full details.

21. Amount of Indemnity required: _____

3. Other Details

1. Nationality: Indian Non – Indian

If Non-Indian, please specify country:

2. Sources of funds :

Salary Business Investments Other

(Please Specify)

3. Company's CKYC Identifier / Number (Generated by CERSAI):

PAN (mandatory):

GSTIN:

4. Please share the below details for the Authorised Signatory:

Name:

Designation:

PAN:

CKYC Identifier / Number (Generated by CERSAI):

4. Bank Account Details

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank
Cheque / D.D # _____	
Drawn Amount _____	Account Number: _____
Drawn To _____ _____	IFSC/MICR Code: _____
Date _____ IFSC/MICR Code _____	Bank Name: _____
Bank and Branch Name:	Account Holder name: _____
For Credit/Debit Card: Transaction Reference No: _____	<i>Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete</i>
Transaction Date: _____	

5. Electronic Insurance Account Details of Applicant (E-mail ID is mandatory)

Do you have an EIA Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number:	
Please mention name of Insurance Repository:	

AML DECLARATION

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. I / We understand that the Company has the right to call for document to establish sources of funds. 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.

In case of entity, Type of Organization making the payment:

Limited Company Government Organization Non-Government Organization (NGO)
 Society Trust Partnership International Organization
 Co-operatives Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* Yes No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?*(only in case of an entity) Yes No

“Non-profit organization” means any entity or organization, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).”

*Place: _____

*Date: / /

*Signature and Stamp of Proposer

Declaration for Agent

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the signature after fully understanding the features thereof.

Signature of Proposer

Signature & Stamp as applicable of the Insurance Advisor/ Specified person of Corporate Agent/Authorised Employee of Broker/ Sales person*

*Place: _____

*Date: / /

Vernacular Declaration

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature above after fully understanding the contents thereof.

Signature of Proposer

Signature of Intermediary/ Sales Person*

*Place: _____

*Date: |_|_| / |_|_| / |_|_|_|_|

7. Statutory Warning

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- 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 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 prospectuses or tables 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 Lakhs Rupees.