

MISCELLANEOUS PROFESSIONAL INDEMNITY PLUS

PROPOSAL FORM

(For other than Technology Professionals)

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. Name of Proposer: _____

Street Address: _____

City: _____

Website: _____

2. Country of Registration: _____

3. Date of incorporation/formation: _____

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

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

4. Name of each entity to be included as an insured _____

How are these entities related to your business? _____

Proposer is: Corporation Partnership Individual

5. a. Is the proposer firm owned by, controlled by or associated with, or does the proposer firm own or control, any other partnership, corporation or firm?

If “yes” please provide the details _____

b. Are professional services provided to this entity? Yes No

6. Year full time operation began: _____

7. Limit(s) of Liability & Jurisdiction(s) being requested:

8. Applicable Law:

9. Policy Period:

10. Territorial Scope of Cover required:

11. Retention (each Wrongful Act):

12. Please describe in detail the professional services that the Proposer provides for which coverage is required, including services offered by subsidiaries: _____

13. Annual Gross Revenue derived from the professional services:

a) 2 years ago	
b) Last Year	
c) Projected this year	

14. Does the Proposer wholly or partially own, operate, manage or control any other business and for which coverage is requested? Yes No

If yes, provide details below:

Name	Location	Ownership	Business

15. Does any regulatory authority license the Proposer? Yes No

If yes, please list the regulatory authority(ies):

16. Is the Proposer presently involved in or considering any merger, acquisition or change in control?

- Yes
 No

If yes, please provide full details. _____

17. Has the Proposer changed its name in the past five (5) years?

- Yes
 No

If yes, please provide full details. _____

18. Has the Proposer been involved in any mergers, acquisitions or consolidations in the past five (5) years?

- Yes No

If yes, please provide full details.

19. Is the Proposer presently involved in or considering any merger, acquisition or change in control?

- Yes No

If yes, please provide full details.

20. Indicate the market (s) for your products/services

	Receipts %
<input type="checkbox"/> Aerospace	_____
<input type="checkbox"/> Communications/Transportation	_____
<input type="checkbox"/> Construction/Mining/Agriculture	_____
<input type="checkbox"/> Education	_____
<input type="checkbox"/> Financial Institutions	_____
<input type="checkbox"/> Government (non military)	_____
<input type="checkbox"/> Health Care/Medical Services	_____
<input type="checkbox"/> Home use	_____
<input type="checkbox"/> Manufacturing/Industrial	_____
<input type="checkbox"/> Trade: Retail/Wholesale	_____
<input type="checkbox"/> Other _____ (please specify)	_____
TOTAL	100%
<hr/>	
<hr/>	

21. Is similar insurance currently in force? Yes No

If yes, indicate Carrier _____

Expiration date _____ How long in force _____

Limit _____ Deductible/Retention _____ Premium _____

22. Has the Proposer changed its name in the past five (5) years? Yes No

If yes, please provide full details.

23. In the next eighteen (18) months, does the Proposer anticipate any changes in the nature of the professional services described. Yes No

If yes, please provide full details. _____

24. For each of the following, please check YES or NO. Please attach descriptive documents or brochures.

SERVICE AGREEMENTS:

- a. Are contract fees negotiated and agreed to in advance? Yes No
 b. Are written service agreements required for all clients? Yes No
 (If Yes, attach a sample)

- b. Have the written service agreements been reviewed by a law firm experienced in the Applicant's field? Yes No
 d. Are all changes to service agreements confirmed in writing? Yes No
 e. Does the Applicant provide warranties or guarantees? Yes No
 f. Does the Applicant describe services in a brochure? Yes No
 (If Yes, attach a sample).

QUALITY CONTROL:

- g. Is there a formal procedure for handling client complaints? Yes No
 h. Is ADR or mediation to resolve complaints part of the service agreement? Yes No
 i. Are audits or reviews of service performed by employees conducted? Yes No
 j. How often? Annually Semi-Annually Quarterly Other _____
 k. Does the Applicant ever assume liability for others by contract? Yes No
 (If yes, please attach a sample contract)

PROFESSIONAL CREDENTIALS:

- l. Do employees hold professional licenses or certification? Yes No
 If Yes, please identify.

- m. Does the Applicant pay for continuing education to maintain such professional licenses or certification? Yes No

CLIENT MANAGEMENT

- n. Are there formal criteria for accepting new clients? Yes No
 o. Is there a formal policy for conflict of interest? Yes No
 p. Is there a formal policy for client confidentiality? Yes No
 q. Does the Applicant engage in any other professional activities not listed in question 5 above?
 Yes No

25. Where applicable, please attach the following documentation:

- a. Latest audited annual report & accounts _____
 b. Latest interim report & accounts _____

- c. Brochures describing services or Products offered _____
- d. Sample service agreements _____

Other Information:

Do you wish to opt for Arbitration? Yes No

Venue for Arbitration (If Arbitration is opted): _____

26. PRIOR KNOWLEDGE/WARRANTY

- i. Has the Applicant, any partner, officer, director, or employee for whom coverage is being requested, ever been censured, fined, or had a professional license suspended or revoked?
 Yes No

(If yes, provide details.) _____

- ii. Does the Applicant, any partner, officer, director, or employee for whom coverage is being requested, know of any circumstances, acts, errors or omissions that could result in a professional liability claim against the Applicant, or any past or present partner, officer, director, or employee? Yes No

(If yes, provide details.) _____

- iii. Has any professional liability claim ever been made against the Applicant or any past or present partner, officer, director, or employee? Yes No

(If yes, provide details.) _____

- iv. Has the Applicant or any of its predecessor organizations in business or any partner, officer, director, or employee for whom coverage is being requested ever had any insurer cancel, refuse to renew or accept only on special terms any professional liability insurance?
 Yes No

(If yes, provide details.) _____

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

PAN (mandatory):

GSTIN:

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

Name:

Designation:

PAN:

CKYC Identifier / Number (Generated by CERSAI):

Date

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: :

Place:

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Miscellaneous Professional Indemnity Plus and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

DECLARATION:

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the "Zurich Kotak General Insurance Company (India) Limited"

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. I / We would still want to receive a physical copy of the policy.

I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

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 organisation, 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: / /

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.

Software Copyright Infringement Supplemental Proposal

Name of Insurance Company to which Proposal is made
(herein called the Insurer)

NOTICE: THE ENDORSEMENT PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF ANY ENDORSEMENT IS ISSUED, THE PROPOSAL WILL BE ATTACHED TO AND BECOME A PART OF POLICY. THEREFORE IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

IF AN ENDORSEMENT IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

1. Do you have written policies and procedures concerning the use of copyrighted software?
 YES NO (If yes, please attach a copy)
2. Do you conduct regular educational seminars, which all employees are required to attend, outlining appropriate software copyright procedures and the risks of infringement? YES NO
If so, how often are these held? _____
3. Do you have a person within your organization who is responsible for ensuring that copyright violations do not occur? YES NO
4. Are licenses obtained for all software programs used? YES NO
5. On average, how many new software programs do you launch in a year? _____
Of these, how many are custom? _____ Prepackaged? _____
6. What percentage of your annual revenue is derived from software or software related products and services? _____
7. Do you take steps to ensure that new employees do not infringe on former employers software copyrights? YES NO
8. Do you take steps to ensure that former employees do not assert copyright claims against the proposer?
? YES NO
9. During the past 5 years, with respect to any possible or actual copyright claim, have you received any notice or warning, whether written or oral or been involved in any legal action or proceeding?
 YES NO (If yes, attach details)
10. Are you aware of any circumstance that could give rise to a copyright claim?
 YES NO If yes, provide a detailed description of those circumstances.

It is agreed that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

THE UNDERSIGNED AUTHORISED REPRESENTATIVE OF THE PROPOSER DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORISED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS PROPOSAL CHANGES BETWEEN THE DATE OF THIS PROPOSAL AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL , IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE. SIGNING OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF COVERAGE SHOULD COVERAGE BE GRANTED. COVERAGE, IF GRANTED, WILL BE GRANTED BY MEANS OF AN ENDORSEMENT TO THE INSURANCE POLICY. **THIS ENDORSEMENT DOES NOT GRANT AN ADDITIONAL LIMIT OF LIABILITY.** THE LIMIT OF LIABILITY FOR THE ENDORSEMENT IS PART OF THE LIMIT OF LIABILITY FOR THE ENTIRE INSURANCE POLICY. **DEFENSE COSTS** FOR CLAIMS COVERED UNDER THE ENDORSEMENT AND UNDER THE POLICY **ARE WITHIN THE LIMIT OF LIABILITY AND ARE APPLICABLE TO THE POLICY RETENTION AMOUNTS.** ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUCTION WITH THIS PROPOSAL ARE HEREBY INCORPORATED BY REFERENCE INTO THIS PROPOSAL AND MADE A PART HEREOF.

Signed _____ Date _____

Title _____

Producer _____ Date _____