MISCELLANEOUS PROFESSIONAL INDEMNITY 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.:

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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: ……

Zurich Kotak General Insurance Company (India) Limited. (Formerly known as Kotak Mahindra General Insurance Company Limited) CIN: U66000MH2014PLC260291; IRDAI Reg. No. 152; Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai – 400063. Maharashtra, India. Toll free: 1800 266 4545; Email: care@zurichkotak.com; Website: www.zurichkotak.com

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:

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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.

_____

_____

_____

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

		Receipts %
☐	Aerospace	_____
☐	Communications/Transportation	_____
☐	Construction/Mining/Agriculture	_____
☐	Education	_____
☐	Financial Institutions	_____
☐	Government (non military)	_____
☐	Health Care/Medical Services	_____
☐	Home use	_____
☐	Manufacturing/Industrial	_____
☐	Trade: Retail/Wholesale	_____
☐	Other _____ (please specify)	_____
	TOTAL	100%

_____

_____

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

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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 _____

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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 censored, 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):

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BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
|__| Cheque |__| Demand Draft |__| Credit/Debit Card |__| Online Payment	|__| Details as per premium cheque to be used for electronic fund transfer; |__| 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:	*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*
Transaction Reference No: |_______________________________|	
Transaction Date: |_________________|	

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory)

Do you have an EIA Account:	|__| Yes |__| No
If Yes, please quote EIA Number:	
Please mention name of Insurance Repository:	
If No, do you want Us to create an EIA account for you:	|__| Yes |__| No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository):	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

_ _

ACKNOWLEDGEMENT:

Received from Ms. /Mrs. / Mr.
\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\| a sum of Rs. \|__\|__\|__\|__\|__\|__\|__\|__\|__\| Through Cheque/DD \|__\|__\|__\|__\|__\|__\|__\|__\|__\| against your proposal for Miscellaneous Professional Indemnity Policy

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary\|_______________________\|
Date \|__\|__\|__\|__\|__\|__\|__\|__\|__\|__\|

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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 Policy 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

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"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

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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

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(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.

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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 _____

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