

PUBLIC OFFERING OF SECURITIES INSURANCE

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.:

Proposer Details

1. Name of Company

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 the business:
7. Company has continually been operating since
8. Total number of locations
9. (a) Are any of the Proposer’s securities or those of its subsidiaries publicly traded or the subject of a “shelf registration”? Yes No

If “yes”, please indicate below which securities are publicly traded or the subject of a “shelf registration” and give details of the securities on a separate sheet.

- Equity
 Debt
 Mixed

Please also specify the names of the Stock Exchanges on which the Proposer’s securities are listed or proposed to be listed.

(b) Total number of voting shares outstanding _____

(c) Total number of voting shareholders _____

(d) Total number of voting shares owned by the Company’s directors and officers, both direct and beneficial _____

Total number of shareholders _____

(e) Does any shareholder own 15% or more of the voting shares directly or beneficially? _____

Please verify the significance of 15%.

If “yes”, please give the shareholders name and percentage of holdings.

If there are no such shareholders, state here “none”:

(f) Are there any other securities convertible to voting shares? Yes No

If “yes”, please describe fully _____

If “no”, please state here “none”: _____

10. Please list all direct and indirect subsidiary companies.

| Company Name | Business or Type of Operation | % of Ownership | Date Acquired or Created | Country of Incorporation |
|--------------|-------------------------------|----------------|--------------------------|--------------------------|
| | | | | |
| | | | | |
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|--|--|--|--|
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|--|--|--|--|

11. Does the Proposer or any director or officer have Director’s & Officers Liability Insurance cover currently in force? Yes No

If “yes”, please state:

(a) Insurer _____

(b) Indemnity Limit _____

(c) Expiry Date _____

12. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Director’s & Officers Liability Policy? Yes No

If “yes”, please give details

Cover Extension for Additional Insureds

13. (a) Is the Proposer requesting cover for any of the following for Securities Claims (as defined in policy) in connection with the public offering? Yes No

If “yes”, please indicate if cover is required and whether or not such individuals or entities are referred to in the Particulars (including any SEC Registration Statement) listed in item 14.

| | Cover Requested (Y/N) | Listed in Particulars or Registration Statement (Y/N) |
|---------------------------------|-----------------------|---|
| Controlling Shareholders | | |
| Selling Shareholders | | |
| Underwriters | | |
| Solicitors for the Company | | |
| Solicitors for the Underwriters | | |
| Accountants | | |
| Experts | | |

(b) If “yes”, and such individuals or entities are not referred to in the Particulars or Registration Statement, please provide full details of each individual on a separate sheet.

Initial Public Offering Particulars (including any SEC Registration Statement)

14. Please give the filing date of the particulars / registration statement number for all Initial Public Offerings since incorporation of the Company, including SEC Registration Statements. Please continue on a separate sheet if necessary.

Filing Date Particulars / Registration Statement Number

15. Are any plans for merger, acquisition or consolidation of or by the Proposer or any of its subsidiaries being considered? Yes No
- (a) If “yes”, have they been approved by the Board of Directors? Yes No
Date of approval _____
- (b) If so, have they been submitted to the shareholders for approval? Yes No
Date of approval _____
16. Does the Proposer or any of its subsidiaries intend to list its securities on any Stock Exchanges or any other offering of securities other than the Initial Public Offering described in 14. Above, within the next year? Yes No

Claims Information

17. (a) Has there been or is there now pending any claim(s) against a director, officer or employee proposed for insurance in his or her capacity as a director, officer or employee of the Proposer or any of its subsidiaries? Yes No
If “yes”, please give full details on a separate sheet.
- (b) Has there been or is there now pending any claim(s) against the Proposer or any of its subsidiaries with regard to the securities of the Proposer or any of its subsidiaries? Yes No
If “yes”, please give full details on a separate sheet.
18. Does the Proposer or any of its subsidiaries have knowledge or information of any act, error or omission which might give rise to a securities claim under the proposed policy? Yes No
If “yes”, please give full details on a separate sheet.
19. Has there been or is now pending any claims / litigation against the Proposer Company or any of its subsidiaries, its Director, Officer or employee in connection with previous Public Offering(s). Yes No

Indemnity Limit

20. Please indicate amount of indemnity required:

Please enclose with this Proposal Form

- a) All offer documents or listing particulars (including any registration statements with the SEC) filed within the last twelve months, including any amendments thereto.
- b) A copy of the final particulars in connection with the Initial Public Offering.

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: | |
| If No, do you want Us to create an EIA account for you: | <input type="checkbox"/> Yes <input type="checkbox"/> 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 Public Offering of Securities Insurance.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary

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 Public Offering of Securities Insurance 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 realized. 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.

Declarations

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 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: |_|_| / |_|_| / |_|_|_|_|

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.