

Employment Practice Liability Proposal

Proposer Details

- 1. Name of Company :
- 2. Address of Head Office:

- 3. Country of Registration
- 4. (a) How long has the Company continually carried on business?

(b) State business activities of the Company and its subsidiaries?

- 5. (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)

(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.

6. (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

7. 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

8. 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:

9. 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.

10. 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.

11. 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.

12. 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 give details: _____

13. Please list:

(a) Total number of full-time employees:

(i) In India and world-wide excluding
the United States of America

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Dist Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

(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

14. Please list the percentage of employees with salaries greater than:

(a)

(b)

15. 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).

16. 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?

17. (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 . <input type="checkbox"/> | Confidential treatment of medical examinations <input type="checkbox"/> |
| Legally prohibited discrimination <input type="checkbox"/> | Sexual harassment <input type="checkbox"/> |
| Compliance with statutes <input type="checkbox"/> | Employee disciplinary actions <input type="checkbox"/> |
| Redundancies, termination of employment and early retirement <input type="checkbox"/> | Employee out-placement services <input type="checkbox"/> |
| Employee appraisals/reviews <input type="checkbox"/> | |

**Manual does not address the issue of redundancies.*

- (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
1. Written application for employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confidential treatment of medical examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Legally prohibited discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Compliance with statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Employee disciplinary actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Redundancies, termination of employment and early retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employee out-placement services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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.

18. 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)? Yes No

If "yes", please attach full details

Indemnity Limit

19. Amount of Indemnity required –

Signing this proposal does not bind the proposer to complete this insurance.

Additional Information

Nationality: Indian Non – Indian

Type of Organization

Corporations Governments Non Governmental Organizations

Society International Organization Trust Partnership

Cooperatives Section 25 Company

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PAN card number (10 character number):

Sources of funds: Please tick appropriate box

Salary Business Others (please specify) _____

Declaration:

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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.

Declaration

I declare that the statements and particulars in this proposal are true and no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Insurers of any material alteration to those facts occurring before 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 Insured)

Company:

Date:

Please enclose with this Proposal Form

- The last two Annual Reports and Accounts for the Company
- The last two Interim Statements (If applicable)
- Human Resources Manual/ Guidelines
- Employee Handbook

Insurance Act 1938, Section 41 - Prohibition Of Rebates

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out renew or continue an insurance in respect of any kind of risks 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 prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lacs rupees

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