



10.	Give complete list of all subsidiary companies including country of registration and percentage owned by Parent Company other than those shown in the last Report and Accounts.			
11.	Does the Company or any Director or Officer have Directors & Officers Liability Insurance currently in force? If 'yes' please state:	Yes		No
	a) Insurer			
	b) Indemnity Limit			
	c) Expiry Date	DD/MM/YYYY		
12.	Has the Company ever had any Insurer decline a proposal or Cancel or refuse to renew a Directors & Officers Liability Insurance? If 'yes' please give details	Yes		No

### NORTH AMERICAN COVER

Questions 13, 14, 15 and 16 are to be completed only if cover is required for claims made in the united state of America or Canada or claims made elsewhere arising out of the company's operations in united state of America or Canada.

13.	Please give the total gross assets of the Group in North America			
14.	a) Please list those subsidiaries in North America that are not wholly owned together with Company's percentage interest in each			
	b) For each company – who owns the minority stock?			
15.	a) Does the Company or any of its subsidiaries have any stock, shares or debentures in North America?	Yes		No
	i) On what date was the last offer/tender/issue made?	DD/MM/YYYY		
	ii) Was the Offer subject to The United States Securities Act of 1933 and/or The Securities Exchange Act of 1934 and/or any amendments thereto?	Yes		No
	iii) If any stocks or shares are traded in form of ADR's please advise:			
	(a) Whether they are sponsored or un-sponsored?			
	(b) The percentage traded as a total of issued share capital?			
	(c) The number of ADR shareholders?			
	b) Does the Company or any of its subsidiaries have any debt Instruments or commercial paper in North America? If 'yes' please give details.	Yes		No
16.	Has a 20-F filing been made to the USA regulatory authorities. If not applicable please confirm details.	Yes		No

### CLAIMS INFORMATION

17.	Have claims ever been made against any past or present Director or Officer of the Company or its subsidiaries? If 'yes' please give details.	Yes		No
18.	Is the Proposer aware, after enquiry, of any circumstances or Incident which may give rise to a claim? If 'yes' please give details.	Yes		No

### INDEMNITY LIMIT

19.	Amount of Indemnity required	
-----	------------------------------	--

## EMPLOYMENT PRACTICE LIABILITY

20.	Do you require Employment Practice Liability cover. If 'yes' please complete question 21-27 on the supplementary Sheet attached. These question form part of the proposal Document.	Yes		No	
-----	---	-----	--	----	--

## EMPLOYMENT PRACTICES LIABILITY

Questions 21-27 are only to be completed if cover is required in respect of employment practice Liability

21.	Does the proposer have a Human Resource Department? If 'yes', how many employees are there in this department? If 'no', how is the function handled?	Yes		No	
22.	How many officers and other employees have resigned, been terminated (with or without cause) or have taken early retirement within the last 24 months:				
	a) Employees		b) Officers		
23.	a) Does the Proposer have a written human resources manual or equivalent written management guidelines.	Yes		No	
	b) Please tick box if the manual/guidelines indicate a Policy on procedures with respect to the following events:				
	<ul style="list-style-type: none"> <li>Written application for employment</li> </ul>		<ul style="list-style-type: none"> <li>Confidential treatment of Medical examinations</li> </ul>		
	<ul style="list-style-type: none"> <li>Legally prohibited discrimination</li> </ul>		<ul style="list-style-type: none"> <li>Sexual harassment</li> </ul>		
	<ul style="list-style-type: none"> <li>Compliance with statutes</li> </ul>		<ul style="list-style-type: none"> <li>Employee disciplinary actions</li> </ul>		
	<ul style="list-style-type: none"> <li>Redundancies, termination of Employment and early Retirement</li> </ul>		<ul style="list-style-type: none"> <li>Employee out-patient services</li> </ul>		
	<ul style="list-style-type: none"> <li>Employee appraisals/reviews</li> </ul>				
	c) Please tick relevant box(es) if decisions regarding these events are always subject to prior review by the Proposer' human resources department, legal department, or outside legal adviser. Individual decisions are always reviewed by:				
		Human resource Dept.	Legal Dept.	external Legal advisor	
	1. Written application for employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Confidential treatment of medical Examinations				
	3. Legally prohibited discrimination				
	4. Sexual harassment				
	5. Compliance with statutes				
	6. Employees disciplinary actions				
	7. Redundancies, termination of Employment and early retirement				
	8. Employee out-placement services				
	9. Employee appraisals/reviews				
	d) Does the Proposer have an employee handbook which is distributed to all employee _____ If 'yes', please attach such handbook to this proposal	Yes		No	
24.	Is the Proposer currently undergoing, or does the Proposer contemplate undergoing during the next 12months, any from ant type of company restructuring office, plant, or store closure? If 'yes', please attach full details.	Yes		No	
25.	Please provide on a separate attachment full details of all wrongful termination, discrimination and sexual harassment claims made against the proposer of any of its directors, officers or employees during the five years including amounts of any judgments or settlements and costs of defence? If no such claim, please tick on NO.	Yes		No	
26.	Please provide on a separate attachment full details of all inquiries, investigation, grievances filings or other administrativehearingspreviouslyfiledwithorcurrentlybeforeanylocalorgovernmentagencygoverningemployer responsibility to employees.	Yes		No	
27.	Are there now or have been any employment practices claim(s) against the proposer or any of its subsidiaries? If 'yes', please give details.	Yes		No	

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER  
TO COMPLETE THIS INSURANCE.**

**DECLARATION**

I/We the undersigned, declare on behalf of the Proposer and acting as the sole agent of all directors and officers that to best of my/our knowledge and belief the statements set forth herein are true and correct, and agree that this proposal and any supplementary information requested by the Company and furnished in connection herewith shall form the basis of and be incorporated into any Contract of Insurance which may be concluded between the proposer and the Company.

I/We undertake to inform the Company of any material alteration to these facts occurring before completion of the Contract of Insurance.

Signed \_\_\_\_\_

Title

\_\_\_\_\_ (To be signed by Chairman/Chief Executive Officer)

Company \_\_\_\_\_

Date DD /MM/YYYY

**PLEASE ENCLOSE WITH THIS PROPOSAL FORM**

- The last three Annual Reports and Accounts for the Company
- If the Annual Reports are not prepared on a consolidated basis, the annual Reports of all subsidiaries list edin the Subsidiary enclosure.
- The last two interim Statements (if applicable)
- A copy of any provision under which the directors and officers may be indemnified.
- Any offer Documents/Listing particulars published in the last 12months.

**PROHIBITION OF REBATES**

**SECTION 41 OF THE INSURANCE ACT 1938 PROVIDES AS FOLLOWS:**

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 except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lacs rupees.

Clear Form

Print Form