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- 20. 1. Is the Company aware of any claims which, if insurance had been in force similar to that now proposed would have fallen within the scope of such insurance, have been made or are now pending against any person (s) proposed for insurance in the capacity of either director or officer? (if answer is 'none', so state)
 - 2. Is any person proposed for this insurance cognisant of any circumstances which he / she has reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed insurance/ (if answer is 'none', so state)
 - 3. Has any insurance similar to that now proposed been declined, cancelled or renewal thereof refused/ (if answer is 'none', so state)
 - 4. Has the Company and / or any of its subsidiary companies been involved in, or have any knowledge of, any anti-trust, price-fixing, tax, copyright, patent litigation, or governmental, regulatory or administrative proceedings or civil and criminal action? (if the answer is 'none', so state)
 - Limit of Indemnity required 5.
 - 6. Is any fact, circumstance or situation indicating the probability of a claim against which indemnification would be afforded by the proposed insurance known by any person(s) or entity(ies) applying for this insurance other than that which is disclosed in this Proposal form? It is alleged by all concerned that if any person (s) or entity(ies) to be insured under the Policy has any knowledge of any such fact, circumstances, or situation any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance. (if the answer is 'none', so state)
 - 7. Please state why you wish to designate to receive any and all notices from Underwriters or their authorised representative(s) concerning this insurance
 - 8. The undersigned declares that:
 - i) He / she is authorised to complete this Proposal Form on behalf of all proposers, and
 - ii) The 'IMPORTANT NOTICE' on page 2 of this Proposal Form is understood and accepted by all proposers, and
 - iii) Underwriters are hereby authorised to make any investigation and enquiry in connection with this Proposal Form and the proposed insurance as is deemed necessary and,
 - iv) To the best of his / her knowledge and belief, and after enquiry, the statements in this Proposal Form are true.

Warranty Statement:

It is warranted that the particulars and statements contained in the Proposal Form from the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and be deemed attached hereto, as if physically attached hereto) are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

Capacity

- Company
- Date

Signature of Proposer

Reliance General Insurance Anil Dhirubhai Ambani Group

Proposal Form for Reliance Directors & Officers Liability Policy

- attach a separate sheet.
- 2. The original Proposal Form must be submitted

Important Notice :

1. This is a proposal form for a claims made policy. That is to say a policy relating only claims made against the Directors and / or Officers of referred to as **Reliance General Insurance**) under the policy. The limit of liability is inclusive of, and not in addition to, costs and expenses.

It is the duty of the Proposers to disclose all material facts to Reliance General Insurance. A 'material fact' is one which may influence Reliance General Insurance's judgement in their consideration of the proposal form. If the proposal form is a renewal, it is likely that any change in facts previously advised to Reliance General Insurance will be material and such changes should therefore be notified. If there is any doubt whether a fact is material, it should be disclosed.

Failure to disclose could prejudice the rights of the Proposers to recover in the event of a claim or allow Reliance General Insurance to void this policy. Appropriate enquiries should be made to ensure that the statements set forth herein are true and complete and that no material fact has been omitted. Any change in the answers given and any material change in the risk arising before inception of any policy must be advised to **Reliance General Insurance** and should therefore be notified immediately.

- 2. may be modified or withdrawn.
- 4 conditions to accede to such request.
- 5. will be considered as being incorporated in to a constituting a part of the proposed policy.

Сог	mpany Details											
1.	Name of the Company		1	1	1	1		1	1	1	1	
2.	Registered Address:											
	Flat Building		1		1	I		1	1	1	1	
	Road/Street/Sector		1		1	I		1	1	1	1	
	Area		1		1	I		1	1	1	1	1
	Taluka/Village/District/City				1			1	1			
	State		1		1	1				1	1	
	Phone		1		1	I			I	1	1	
	Email											
3.	Country of incorporation		1		1	1		1	1	1	1	1
4.	The company has continuou	ısly	bee	n in	busi	ness	sin	ce:	- (d	d r	n
5.	Full description of business a	activ	/itie	S		1		1	1	1	1	1
		1			1	1		1	1			
		1	1		1	1		1	1	1	1	1
6.	Is the Company listed on the	e St	ock	Exc	hang	ge						
	If yes, please state which st	ock	exc	hang	ge a	nd d	ate	listir	ng o	btai	ned:	
	If no, please advise what ty	pe c	of e	ntity	is t	ne c	omp	апу				





1. Please read carefully and answer all questions. If a question is not applicable, so state. If space is insufficient to answer any question fully,

the Company shown in answer to question 1 and of its subsidiary companies (hereinafter referred to as the Proposers) during the currency of the said policy. ANY CLAIM ADVISED TO UNDERWRITERS AFTER THE EXPIRY DATE OF THE POLICY PERIOD WILL NOT BE COVERED. The limit of liability available shall be reduced and may be exhausted by payments made by Reliance General Insurance Company Ltd (hereinafter

In the event that there is any material change in the answers given to the guestion contained in this proposal form prior to the inception of the policy, the Proposers must notify Reliance General Insurance and, at the sole Reliance General Insurance, any outstanding quotations

3. Signing the proposal form does not bind the Proposers or **Reliance General Insurance** to enter into a binding contract of insurance.

Any request for cover or any aspect of cover, by or on behalf of the Proposers does not compel Reliance General Insurance to offer terms and

The particulars and statements contained in the proposal form and any other information submitted are the basis for the proposed policy and

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		Yes		🗌 No		



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7.	The Company has continually paid cash dividends on its		
	i) Common Stock since		
	ii) Preferred Stock since		
8.	Complete the following in respect of all classes of shares issued by the Company		
	i) Class of shares:		
	ii) Number of shares outstanding		
	iii) Number of shares owned by Directors (Directly and / or beneficially)		
	iv) Number of shares owned by Officers who are not Directors (Directly and / or beneficial	lly);	
9.	Total number of Subsidiary Companies at the date of completing this Proposal Form		
	Tick this box if cover is requested for these Subsidiary Companies	Yes	No
10.	Does any person or entity own 10% or more of any class of shares issued by the Company	Yes	No
	If yes, give details:		
11.	Complete the following for each of the three most recent fiscal years (The figures presented Reports and Accounts)	d should be taken from th	e Group Consolidated
	Section a) should be completed if the Company is a financial institution-otherwise Delete a is required		-
		19	20
	Total Consolidated Assets		
	Total Loans		
	Total Deposits		
	Net Worth		
	Reserve for Loan Losses		
	Non performing loan		
	Net write-offss		
	Total investment securities		
	Net Income for Fiscal year		
	Interest Income		
	Interest Expense Cumulative Retained Earnings		
	Total Capital Adequacy Ratio		
	Tier 1 Capital Adequacy Ratio		
	Tier 2 Capital Adequacy Ratio		
	Return on Assets		
	Return on Equity		<u> </u>
12.	Please advise latest independent ratings (giving the dates thereof and name of rating agend	cy)	
	Total consolidated Assets	<u> </u>	<u> </u>
	Current Assets		
	Current Liabilities		
	Net Worth		
	Stocks and / or Inventory (including work in progress)		
	Net Income Per Share	· 	·
	Dividends Per Share		·]
	Net Income for fiscal year		J
۱ <u>ــــ</u>	Sales / Revenues]
		I	

. At			L No
. Gi	ve Details of any current Directors' and Officers' Insurance		
i)	Insurer:		
ii)	Limit		
iii)) Period		
iv)	Retention		
v)	Premium		
	as the Company, in the past two years or under consideration at the present time any acquisitions, inders offers, mergers or offering of shares or other securities?	Yes	🗆 No
If	yes, please give details.		
	re there any qualifications, comments or observations made within the report and ccounts and / or auditors report	Yes	🗌 No
If	applicable, please provide a translation into English		
Ar	e there any contingent liabilities / extraordinary terms / litigation shown within the report and accounts?	Yes	🗌 No
If	applicable, please provide a translation into English		
На	as the Company, at any time over the last three years changed its external auditors		
or	external legal advisors?	Yes	🗌 No
	yes, give details, reason for change.		
	uestions in this section are only to be completed if cover is requested for United States of America or Car	-	
		-	
1.	uestions in this section are only to be completed if cover is requested for United States of America or Car Please give the total consolidated assets of the Company and the subsidiary companies in the United Sta Please give the approximate number of employees in the united states of America and Canada.	tes of Americ	
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1. 2. 3. 4. 	uestions in this section are only to be completed if cover is requested for United States of America or Car Please give the total consolidated assets of the Company and the subsidiary companies in the United State Please give the approximate number of employees in the united states of America and Canada. 0-25 25-50 75-100 100-200 Please list those Subsidiary Companies in the United States of America and Canada that are not wholly or	tes of Americ	a and Canad
1. 2. 3. 4. 	uestions in this section are only to be completed if cover is requested for United States of America or Car Please give the total consolidated assets of the Company and the subsidiary companies in the United State Please give the approximate number of employees in the united states of America and Canada. 0-25 25-50 75-100 100-200 Please list those Subsidiary Companies in the United States of America and Canada that are not wholly o For each subsidiary company set forth in Qs.19.3 state who owns the minority stock together with the p	tes of Americ	a and Canad
1. 2. 3. 4. 	uestions in this section are only to be completed if cover is requested for United States of America or Car Please give the total consolidated assets of the Company and the subsidiary companies in the United State Please give the approximate number of employees in the united states of America and Canada. 0-25 25-50 75-100 100-200 Please list those Subsidiary Companies in the United States of America and Canada that are not wholly o For each subsidiary company set forth in Qs.19.3 state who owns the minority stock together with the p Does the company or any of its Subsidiary Companies: a) have any stock, shares or debentures in the United States of America and / or Canada?	tes of Americ wned: percentage ov	a and Canad
1. 2. 3. 4. 	uestions in this section are only to be completed if cover is requested for United States of America or Car Please give the total consolidated assets of the Company and the subsidiary companies in the United State Please give the approximate number of employees in the united states of America and Canada. 0-25 25-50 75-100 100-200 Please list those Subsidiary Companies in the United States of America and Canada that are not wholly o For each subsidiary company set forth in Qs.19.3 state who owns the minority stock together with the p Does the company or any of its Subsidiary Companies: a) have any stock, shares or debentures in the United States of America and / or Canada?	tes of Americ wned: percentage ov	vnership?
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1. 2. 3. 4. 	uestions in this section are only to be completed if cover is requested for United States of America or Car Please give the total consolidated assets of the Company and the subsidiary companies in the United State Please give the approximate number of employees in the united states of America and Canada. 0-25 25-50 75-100 100-200 Please list those Subsidiary Companies in the United States of America and Canada that are not wholly o For each subsidiary company set forth in Qs.19.3 state who owns the minority stock together with the p Does the company or any of its Subsidiary Companies: a) have any stock, shares or debentures in the United States of America and / or Canada? b) i) If the answer to 5 a is 'YES' on what date was the last offer tender issued made? ii) was the offer subject to The United States Securities Act 1993 and/ or The Securities Exchange Act amendments thereto? c) have any debt or equity instruments or commercial paper in The United States of America	tes of Americ wned: percentage ov Yes m, m y , y t of 1934 and	a and Canad vnership?