

### EDUCATORS INSURANCE POLICY

Educator's Professional Liability Coverage is written on a claims-made basis. Except as otherwise provided, this policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

#### Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by Defense Costs.

#### Completing the Proposal Form

\* Please answer ALL questions in full leaving no blank spaces.

\* If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

### DETAILS ABOUT PROPOSER

**Name of Proposer :**

**Present Address of Proposer :**

City  District

State  Pin Code

Is your present address same as your permanent address?  Yes  No

If no, please state your permanent address along with pin code:

City  District

State  Pin Code

**Address proof (document & number):** \_\_\_\_\_

**Phone No.:** Mobile

Landline

**Email:**

**Identity proof (document & number):** \_\_\_\_\_

**Occupation:** Salaried  Professional  Self Employed  Student  Housewife

Retired  Other (Please specify) \_\_\_\_\_

**Industry Type:** Jewellery  import-export  mining  shipping  scrap dealing  real estate

agriculture  stock broking  BFSI  manufacturing  others (Please specify): \_\_\_\_\_

**Income (Annual):** 0-2.5 lakh  2.5 - 5 lakh  5 - 20 lakh  20-30 lakh  30 lakh and above

**Income proof:** \_\_\_\_\_

**PAN (document & number):** \_\_\_\_\_

**Existing KYC Number, if any:** \_\_\_\_\_

**Policy to be issued in favor of** (list out all the parties who have insurable interest) including the financial institutions

Period of Insurance: From         To

Nomination:  Yes  No

If yes, please provide the below details:

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

### GENERAL INFORMATION

1. Parent Organisation: \_\_\_\_\_  
Principal Address: \_\_\_\_\_  
Year Established: \_\_\_\_\_

### ADDITIONAL INFORMATION NEEDED AS PART OF THIS APPLICATION:

2. **Important, please attach the following information:**
- a) The most recent annual audited financial statement (including balance sheet, income statement and all notes);
  - b) The most recent interim financial statement;
  - c) The most current Employee Handbook including policies, guidelines or written procedures addressing; Sexual harassment, discrimination, employment termination, any appeal procedures and guidelines for granting tenure;
  - d) Catalogues or brochures that describe curriculum offered;
  - e) Copies of all employment application forms used by the parent organisation;
  - f) If a charter school, a copy of the final approved charter.

#### Type of Educational Organisation:

- INDEPENDENT COLLEGE/UNIVERSITY  PUBLIC COLLEGE/UNIVERSITY  
 INDEPENDENT SECONDARY SCHOOL  EDUCATION RELATED ASSOCIATION  
 INDEPENDENT PRIMARY SCHOOL  TRADE SCHOOL  CHARTER SCHOOL  
 OTHER (Please explain): \_\_\_\_\_

3. If an Education related Association, advise what accrediting services are provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are all degree programs accredited or certified?  Yes  No  
Accreditation provided by: \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

5. Please provide a listing of all subsidiaries, affiliates and joint ventures in which the applicant has a controlling interest and which are to be included as insureds under the policy:  None

ENTITY NAME	NATURE OF OPERATIONS	% OWNED	DATE ACQUIRED

6. **Total Enrollment:** 3 Years ago \_\_\_\_\_ 2 Years ago \_\_\_\_\_ 1 Years ago \_\_\_\_\_ This Year \_\_\_\_\_

7. **Total Number of:**

ADMINISTRATIVE STAFF _____	FULL TIME FACULTY _____	PART TIME FACULTY _____
BOARD OF GOVERNORS _____	TRUSTEES _____	ALL OTHER EMPLOYEES _____

Number of employees terminated in the last two years \_\_\_\_\_

8. **EMPLOYMENT PRACTICES AND POLICIES:**

9. **Does the applicant:**

- Use written guidelines for suspension, dismissal or non renewal of employment contracts?  Yes  No
- Use outside employment counsel for employment advice?  Yes  No
- Distribute an employee handbook to all employees?  Yes  No
- Have a manual of its Human Resource procedures? (Last update)  Yes  No
- Provide formal training for its supervisors in administering these procedures?  Yes  No
- Have a written policy against discrimination, including sexual harassment?  Yes  No
- Have a grievance procedure for dealing with discrimination or sexual harassment claims?  Yes  No
- Use any tests (e.g. drug, polygraph) for screening applicants or for continued employment?  Yes  No
- Have a written progressive disciplinary program?  Yes  No
- Have written guidelines for granting tenure?  Yes  No
- Provide a formal appeal process for tenure requests?  Yes  No
- Obtain advice from legal counsel or a human resource Manager prior to termination?  Yes  No
- Use employment-at-will statements?  Yes  No
- Anticipate any layoff, staff reduction, or facility closing within the next 12 months?  Yes  No
- Anticipate a reduction/change in curriculum within the next 12 months?  Yes  No

**STUDENT POLICIES**

10. **Does the applicant:**

- Have a written policy for employee/faculty fraternization with students?  Yes  No
- Is this policy circulated periodically as a reminder?  Yes  No
- Have a written procedure for handling student harassment complaints?  Yes  No
- Have an appeal procedure for admissions?  Yes  No
- Who is responsible for overseeing this appeal procedure?  Yes  No
- Have a written procedure for student disciplinary issues?  Yes  No

## MISCELLANEOUS

11.a. Does the applicant or any entity listed in Item 6 above license any patent for commercial use?  Yes  No

If yes, provide particulars \_\_\_\_\_

11.b. Does the applicant or any entity listed in Item 6 above produce any product for commercial use or for use by a person or entity other than the applicant?

Yes  No If yes, provide details \_\_\_\_\_

\_\_\_\_\_

12. Has there been any denial of accreditation, or disciplinary/probationary action taken against the applicant (or any program of the applicant) by any accrediting organisation within the past 3 years?

Yes  No If yes, provide details \_\_\_\_\_

\_\_\_\_\_

13. Has any regulatory body initiated any disciplinary or probationary action against the applicant (or any program of the applicant) within the past 3 years?

Yes  No If yes, provide details \_\_\_\_\_

\_\_\_\_\_

## PRIOR COVERAGE

14.a. Do you currently have

Type of Coverage	Yes	No	Insurer	Limits	Deductible	Expiration
D&O						
EDUCATOR'S E&O						
EMPLOYMENT PRACTICES						
SCHOOL BOARD LIABILITY						

14.b. Has any of the above insurance been cancelled or non renewed within the past 5 years?

Yes  No If yes, provide details \_\_\_\_\_

\_\_\_\_\_

## LOSS HISTORY

Please attach a listing of all employment lawsuits, administrative proceedings (e.g. EEOC), as well as any professional liability lawsuits (for which this coverage is construed against any entity listed in item 1 or 6 above) which was commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each. If there have been no losses, please indicate here.

No Prior Losses

15. **Is/has the Applicant been:**

Subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?  Yes  No

The subject of any anti-trust, copyright or patent infringement litigation?  Yes  No

The subject of any representative, derivative or class actions?  Yes  No

Given written notice under the provisions of any prior liability or similar insurance of specific facts or circumstances which might subsequently give rise to a claim being made against any insured person(s)?

Yes  No

Please provide full particulars for any "Yes" answer in 15.b above.

**CONTINUITY WITH PRIOR COVERAGE**

16 Note: This section applies only if you currently have coverage and are requesting continuity of coverage.

Continuity date requested \_\_\_\_\_

- a) attach a copy of the prior application(s) with which continuity of coverage is to be maintained.
- b) the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy of the Company.

**PRIOR KNOWLEDGE/WARRANTY**

17 Note: If there has been no previous professional liability coverage or in the event continuity is not granted it will be necessary to answer the following:

It is important that you fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except:  None or \_\_\_\_\_

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from such facts or circumstances are excluded from this proposed coverage.

**PREMIUM DETAILS**

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Amount (INR) \_\_\_\_\_

GST (INR) \_\_\_\_\_

Premium including tax (INR) \_\_\_\_\_

Rupees in words \_\_\_\_\_

**PAYMENT DETAILS:**

Cheque NEFT

Instrument No. \_\_\_\_\_ Instrument Date: \_\_\_\_\_

Bank Account No. \_\_\_\_\_

Account Type: Savings / Current / Other. If others, please specify \_\_\_\_\_

Branch Name & Address: \_\_\_\_\_

IFSC Code \_\_\_\_\_ MICR Code \_\_\_\_\_

Bank details for refund of premium in case of cancellation to be considered as above  Yes  No

If No, please provide additional bank details in below provided space:

Bank Account No. \_\_\_\_\_

Account Type:  Savings  Current  Other. If others, please specify \_\_\_\_\_

Branch Name & Address: \_\_\_\_\_

IFSC Code \_\_\_\_\_ MICR Code \_\_\_\_\_

**Nationality:**  Indian  Non – Indian  If Non-Indian, please specify Country: \_\_\_\_\_

Are you a Political Exposed Person or related to Political Exposed Person:  Yes  No (appropriate tick) If Yes, give details \_\_\_\_\_

**Note:** Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.

### Type of Organization

Corporation: \_\_\_\_\_ Governments: \_\_\_\_\_

Society: \_\_\_\_\_ Private Organizations: \_\_\_\_\_

International Organization: \_\_\_\_\_ Partnership: \_\_\_\_\_

Trust: \_\_\_\_\_ Others: \_\_\_\_\_

### Sources of Fund:

Salary \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode

### Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/ incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

If you require physical copy of your policy in future, please visit “Help” section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care.

**Note:** The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.

### Insurance is the subject matter of the solicitation

## OTHER INFORMATIONS

### **FRAUD WARNING:**

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

### **DATA PROTECTION REQUIREMENT:**

“I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.”

### **ANTI- MONEY LAUNDERING:**

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

### **SHARING OF INFORMATION CLAUSE:**

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

## DECLARATION BY INSURED/REPRESENTATIVE (IN CASE PROPOSER IS DISABLED)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- “I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance”

- 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 as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Proposer \_\_\_\_\_

### VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Translator

Name of the Proposer: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Proposer

## INTERMEDIARY DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_ Place \_\_\_\_\_

## 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 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 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 LAKHS RUPEES.**