

**Proposal Form****EMPLOYMENT PRACTICES LIABILITY INSURANCE**

\* 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.

Employment Practices Liability Coverage is written on a claim made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during the policy period. Please note that the defense costs 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.

The liability of the Company does not commence until the acceptance of the proposal form has been formally intimated by the Company and full premium has been realized by the Company.

PLEASE READ THE POLICY CAREFULLY

**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

**Principal Organisation:**

**Principal Address:**

City  District

State  Pin Code

#Mobile:

**Nature of Business:** \_\_\_\_\_

#Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

How long has the **Principal Organisation** continuously carried on business? \_\_\_\_\_

Is the **Principal Organisation** Publicly or Privately owned? \_\_\_\_\_

Total number of employees \_\_\_\_\_

	Currently	One year ago	Two years ago
Full time - Executive Officers			
Full time - Employees			

Does the Principal Organisation have employees in the United States of America?  Yes  No

If yes, please specify the number of employees \_\_\_\_\_

If the number of employees is in excess of 100, the **Principal Organisation** is required to complete and provide along with this proposal form.

### EMPLOYMENT PRACTICES INFORMATION

i) Does the proposed Principal Organisation:

a) Use outside employment counsel for employment advice?  Yes  No

b) Have a full time human resources manager or department?  Yes  No

If not, how is this function handled? \_\_\_\_\_

ii) Does the proposed Principal Organisation:

a) Conducted any retrenchments or staff reductions during the last 6 years?  Yes  No

If yes, attach details \_\_\_\_\_

b) Anticipate any retrenchments or staff reductions?  Yes  No

If yes, attach details \_\_\_\_\_

- c) Have a written employment contract with any employee?  Yes  No  
If yes, how many? \_\_\_\_\_
- d) Distribute an employee handbook to all employees?  Yes  No  
If no, please explain why? \_\_\_\_\_
- e) Have a manual of its human resource procedures?  Yes  No  
If yes, indicate the date it was revised \_\_\_\_\_
- f) Provide formal training for its supervisors in administering these procedures?  Yes  No
- g) Have a written policy against discrimination, including sexual harassment?  Yes  No  
If yes, how is it communicated to employees? \_\_\_\_\_
- h) Have a grievance procedure for dealing with discrimination claims?  Yes  No
- i) Use any tests (e.g. psychological, drug etc) for screening applicants or for continued employment?  Yes  No  
If yes, attach details \_\_\_\_\_
- j) Have a written progressive disciplinary program?  Yes  No
- k) Provide outplacement for terminated employees?  Yes  No  
If yes, please describe \_\_\_\_\_
- l) Have an established termination procedure?  Yes  No  
If yes, please describe \_\_\_\_\_
- m) Have an established severance policy?  Yes  No  
If yes, please describe \_\_\_\_\_
- n) Obtain advice from a human resource manager prior to terminating an employee?  Yes  No  
If no, attach following details. \_\_\_\_\_
- iii) Who has the authority to:
- a) hire employees? \_\_\_\_\_
- b) terminate employees? \_\_\_\_\_

### LOSS HISTORY

- a) Please attach a listing of all employment legal actions as well as administrative proceedings commenced during the past 3 years. Describe the type of allegation, the court or government agency involved and any determination, judgment, defence cost or settlement for each.
- b) Is the Principal Organisation presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?  
 Yes  No If yes, please attach a copy. \_\_\_\_\_

### PRIOR INSURANCE

- a) Does the Principal Organisation currently have employment practices liability insurance or similar insurance?  Yes  No  
If no, skip to Section 6 and answer the warranty statement. If yes provide the following:

Insurer	Limits	Deductible	Policy Period
_____	Rs. _____	Rs. _____	_____

- b) Has the Principal Organisation or any Insured Person given written notice under the provisions of any prior or current directors and officers liability policy of specific facts or circumstances which might give rise to a claim being made against any Insured?  Yes  No

If yes, attach details. \_\_\_\_\_

### CONTINUITY WITH PRIOR COVERAGE

**Note:** This section applies only if you currently have coverage and request continuity of coverage.

Continuity Date requested \_\_\_\_\_

If continuity of coverage is requested:

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

### PRIOR KNOWLEDGE/WARRANTY

**Note:** This section applies if you have requested continuity of coverage and your request has not been accepted or granted, or if there is no prior coverage. In addition, this section need not be completed if this proposal forms part of a renewal of a current Federal Insurance Company employment practices liability insurance policy.

Is any person proposed for coverage cognisant of any facts or circumstances (a) which he or she has reason to suppose might afford valid grounds for any future.

Claim(s) such as would fall within the scope of the proposed coverage or (b) which indicate the probability of any such Claim(s)?  Yes  No

If yes, please give details: \_\_\_\_\_

It is agreed that if such facts or circumstances exist, any Claim or action arising therefrom is excluded from this proposed coverage.

### FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or 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 is a crime.

**REQUESTED LIMIT:** \_\_\_\_\_

### ADDITIONAL INFORMATION

Please enclose with this proposal form

- a) The latest Audited Annual Reports.
- b) Most recent employee handbook.
- c) Functional organisation chart depicting Human Resource Department position

### 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.

## PREMIUM DETAILS

**PREMIUM DETAILS:**

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 &amp; 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 &amp; 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

**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.**