

Bajaj Allianz Protect
Public Offering of Securities Insurance
PROPOSAL FORM
(Claims Made Policy)

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

1.
Name of Company : _____
Address : _____

Nature of Business : _____

Date of Incorporation: _____
Country of Registration: _____
How long has the company continuously been in business? _____
Total Number of Locations: _____
Are subsidiaries publicly traded or the subject of a shelf registration? Yes / No
If "yes", please indicate below which securities are publicly traded or the subject of a "shelf registration" and give details of the securities on a separate sheet.
Equity: _____
Debt: _____
Mixed: _____
Total number of voting shares outstanding: _____
Total number of voting shareholders: _____
Total number of voting shares owned by the Company's directors and officers, both direct and beneficial: _____

Does any shareholder own 15% or more of the voting shares directly or beneficially? Yes / No

If "yes", please give the shareholders name and percentage of holdings.

If there are no such shareholders state here "none": _____

Are there any other securities convertible to voting shares? Yes / No

If "yes", please describe fully: _____

If no, please state here "none": _____

3. Please list all direct and indirect subsidiary companies:

Name	Business or Type of Operations	Percentage of Ownerships	Date Acquired or Created	Country of Incorporation

4. Does the Proposer or any director or officer have Directors and Officers Liability Insurance cover currently in force? Yes / No

If "yes", please state:

a) Insurer: _____

b) Indemnity Limit: _____

c) Expiry Date: _____

5. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors and Officers Liability Insurance? Yes / No

If "yes", please give details: _____

Cover Extension for Additional Insureds

6a) Is the Proposer requesting cover for any of the following for Securities Claims (as defined in policy) in connection with the public offering?

If “yes”, please indicate if cover is required and whether or not such individuals or entities are referred to in the Particulars (including any SEC Registration Statement) listed in Item 7.

	Cover Required	Listed in Particulars or Registration Statement
Controlling Shareholders		
Selling Shareholders		
Underwriters		
Solicitors for the Company		
Solicitors for the Underwriters		
Accountants		
Experts		

6b) If “yes”, and such individuals or entities are not referred to in the Particulars or Registration Statement, please provide full details of each individual on a separate sheet.

Initial Public Offering Particulars (including any SEC Registration Statement)

7. Please give the filing date of the particulars/ registration statement number for all Initial Public Offerings, including any SEC Registration Statements. Please continue on a separate sheet if necessary.

Filing Date	Particulars/ Registration Statement Number
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8. Are any plans for merger, acquisition or consolidation of or by the Proposer or any of its subsidiaries being considered? Yes/ No

a) If “yes”, have they been approved by the board of directors? Yes/ No

Date of Approval: _____

b) If so, have they been submitted to the shareholders for approval? Yes/ No

Date of Approval: _____

9. Does the Proposer or any of its subsidiaries anticipate any registration of securities under the Securities Act of 1933 or any other offering of securities other than the Initial Public Offering described in 7. Above, within the next year? Yes/ No

Claims Information

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(a) Has there been or is there now pending any claim(s) against a director, officer or employee proposed for insurance in his or her capacity as a director, officer or employee of the Proposer or any of its subsidiaries? YES NO

If "yes", please give full details on a separate sheet.

YES NO

(b) Has there been or is there now pending any claim(s) against the Proposer or any of its subsidiaries with regard to the securities of the Proposer or any of its subsidiaries?

If "yes", please give full details on a separate sheet.

YES NO

11. Does the Proposer or any of its subsidiaries have knowledge or information of any act, error or omission which might give rise to a securities claim under the proposed policy.

YES NO

If "yes", please attach complete details on a separate sheet.

If they have no such knowledge or information, state here "none": _____

Indemnity Limit

12. Please indicate amount of indemnity required:

US\$5,000,000.....; US\$10,000,000.....; US\$15,000,000..... ; Other, please state US\$ _____

Please enclose with this Proposal Form

- (a) All offer documents or listing particulars (including any registration statements with the SEC) filed within the last twelve months, including any amendments thereto.
- (b) A copy of the final particulars in connection with the Initial Public Offering.
- (c) A copy of the underwriting agreement, which sets forth the indemnification of the Proposer in connection with the Initial Public Offering.

Declaration

The undersigned authorised officer of the Proposer declares that the statements set forth herein are true. The undersigned authorised officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance.

Signing of this application does not bind the Proposer or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

All written statements and materials furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this application and made a part hereof.

Signature of Authorized Officer

Capacity

Date

Company

SECTION 41 OF INSURANCE ACT, 1938

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 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 prospectuses 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 Lakh Rupees.