UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI - 600 014

DIRECTORS AND OFFICERS LIABILITY INSURANCE PROPOSAL FORM

- 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, 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 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 United India Insurance Company Ltd (hereinafter referred to as United India) 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 United India. A 'Material fact' is one which may influence United India'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 United India will be material and such changes should therefore be disclosed.

Failure to disclose could prejudice the rights of the Proposers to recover in the event of a claim or allow United India 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 United India and should therefore be notified immediately.

- 2. In the event that there is any material change in the answers given to the question contained in this proposal form prior to the inception of the policy, the Proposers must notify United India and, at the sole discretion of the United India, any outstanding quotations may be modified or withdrawn.
- 3. Signing the proposal form does not bind the Proposers or United India to enter into a binding contract of insurance.
- 4. Any request for cover or any aspect of cover, by or on behalf of the Proposers does not compel United India to offer terms and conditions to accede to such request.
- 5. The particulars and statements contained in the proposal form and dany other information submitted are the basis for the proposed policy and will be considered as being incorporated into a constituting a part of the proposed policy.

PROPOSAL FORM

A.

1. Name of the Company Registered

Address:

Country of incorporation

- 2. The Company has continuously been in business since.
- 3. Full description of business activities **B**.

1. Is the Company
Listed on the Stock Exchange: Yes No
If yes, please state which stock exchange and date listing obtained.
If no, please advise what type of entity is the company.
2. The Company has continually paid cash dividends on its.
ii) Common Stock since iii) Preferred stock since
3. 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 beneficially);
4. Total number of Subsidiary Companies at the date of completing this
Proposal Form. Tick this box if cover is requested for these Subsidiary
,
companies
5. Does any person or entity own 10% or more any class of shares issued by the Company.
Yes No No
If yes give details: C. Complete the following for each of the three most recent fiscal years

(The figures presented should be taken from the Group Consolidated Reports and Accounts)

Section a) should be completed if the Company is a financial institution otherwise complete Section b) Delete as applicable consult your broker or agent if advice is required.

a.	Current Year	Previous Year	Earlier Year
Total consolidated Assets			
Total Loans			
Total Deposits			
Net worth			
Reserve for Loan Losses			
Non performing loans			
Net write offs			
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									
Please advise lat	est indepe	ndent r	atings (giving	the do	ates th	nereof	and nar	ne
of rating agency).								
	b.								
Total consolidated	Assets								
Current Assets									
	b.								
Current Liabilities									
Net worth									
Stocks and /or Inv	entory								
Net Income for fis	cal year								
Net Income per S	hare								
Dividends Per Share									
Sales / Revenues									
At any time over		•	rs have	there	e been	breach	nes of a	any deb	ts
Yes No									
D.									
1. Give details o	f any curre	nt Dire	ctors' aı	nd Of	ficers	Insur	ance		
i Insur	er: ii								
Limit	iii								
Period	iv								
Retenti	on								
v Prei	mium								

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0-
75- 200+
 Please list those subsidiary Companies in United States of America or Canada that are not wholly owned: For each subsidiary company set forth in E 3 state who owns the minority stock together with the percentage ownership? Does the company or any of its Subsidiary Companies: a) Have any stock, shares or debentures in the United States if America and / or Canada?
Yes No No
b)i) If the answer to E5 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 of 1934 and / or any amendments thereto?
c) Have any debt or equity instruments or commercial paper in The United States of America and / or Canada?
Yes No
If the answer to E5 c is 'YES' give details together with the most recent effective date.
4. Please enclose a copy of the latest 20-F filing made to the
regulatory authorities. If not applicable please tick.

- 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, canceled 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 nay 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).
- 5. Limit of Indemnity required.
 - 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 that 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' state).
- 6. Please state why you wish to designate to receive any and all notices from Underwriters or their authorised representative(s) concerning this insurance.
- 7. The undersigned declares that:
 - i. He/she is authorised to complete this Proposal Form on behalf of al proposer 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.

Signed	
Capacity	
Company	
Date	

Section 41 of Insurance Act, 1938 – Prohibition of Rebates

- a. 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 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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the Insurers.
- b. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.