



The New India Assurance Company Limited

P.O.Box 2907, Ruwi, PC:112

SULTANATE OF OMAN

PROPOSAL FOR DIRECTORS & OFFICERS LIABILITY INSURANCE

SIGNING THIS PROPOSAL DOES NOT BIND TO COMPLETE THIS INSURANCE.

1. Name of Company

2. Address of Head Office

3. Country of Registration

4. A. How Long has the Company continually carried on business ?
B. Business Activities of the Company and its subsidiaries ?
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5. During the last five years has :

- A. The name of the parent company been changed ?
- B. Any acquisition or merger taken place ?
- C. Any subsidiary Company been sold or ceased trading ?
- D. The capital structure of the parent Company changed ?

If so please give details

6. A. Has the company any acquisition, tender offer or merger pending or under consideration ?
B. Is the Company aware of any proposal relating to its acquisition by another Company?
C. Is the Company intending a new public offering of securities within the next year in India or elsewhere?
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7. Is the Company

- A. Private ?
 - B. Public ?
 - C. Listed on any Indian Stock Exchange ?
 - D. Listed on Foreign Stock Exchange? Please specify
 - E. Traded in any other way? Please specify
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8. Please List:

- A. Total Number of Shareholders
 - B. Total Number of Shares issued
 - C. Total Number of shares held by Directors and Officers (both direct and beneficial)
 - D. All holdings representing 15% or more of the Ordinary Share Capital of the Company giving the holder and the percentage held by each.
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9. A. Please give a list of Directors and Officers of the Company

- B. Please give details of any change to the list of Directors and Officers given in the Company's last report and accounts.
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10. Give complete list of all Subsidiary Companies including country of registration and percentage owned by parent Company other than shown in the last report and accounts.

11. Does the Company or any Director or Officer have Directors and Officers Liability Insurance currently in force?

YES / NO

If YES, State

- A. Insurer
- B. Indemnity Limit
- C. Expiry Date

12. 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

The following questions are to be completed by all proposers

13. Have claims ever been made against any past or present Director or Officer of the Company or its Subsidiaries ?

YES / NO

If YES, Please give details

14. Is the Proposer aware, after enquiry, of any circumstances of incident which may give rise to a claim ?

YES / NO

If YES, Please give details

15. Jurisdiction for Coverage required for – India / World wide (including / excluding

16. Any other material Information / Requirement

17. Amount of Indemnity required : For One Accident (AOA) Rs.
: For One Year (AOY) Rs.

DECLARATION : I declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Insurers of any material alteration to those facts occurring before completion of the Contract of Insurance.

Date- _____ Signed
To be signed by Chairman / Chief Executives

Please enclose with this Proposal Form :

- a) The Last two Annual Reports and Accounts for the Company
- b) The last two Interim Statements (If applicable)
- c) Any offer Document/Listing Particulars published in the last 12 months.

Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.

- 2. If space is found insufficient, please attach separate sheets for details.
- 3. Premium will be quoted upon application.
- 4. Insurance is the subject matter of solicitation.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___ years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D