

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
UIN: IRDAN113CPLB0034V01202425

GENERAL INFORMATION

1.
 - (a) Name of Investment Manager
 - (b) Address of Principal Office
 - (c) Date of Establishment
 - (d) Website address

2. Please provide a general description of your activities:

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SECTION A: INVESTMENT MANAGER INFORMATION

1. Is the investment manager authorised and regulated by the Financial Conduct Authority? Yes No
2. Is the investment manager authorised and regulated by any other regulator? Yes No

If YES, please name the regulators:

3. Is the investment manager an Alternative Investment Fund Manager (AIFM) as regulated under the Alternative Investment Fund Managers Directive (AIFMD)? Yes No
4. Can you confirm that the investment manager and all of its subsidiaries:
- (a) Are registered in the United Kingdom? Yes No
- (b) Are not listed on any stock exchange or any other form of securities market? Yes No
- (c) Are not contemplating a share offering or rights issue in the next 12 months? Yes No
- (d) Have not sold any part of the company in the last 12 months? Yes No
- (e) Have not made any acquisitions in the last 12 months? Yes No
- (f) Do not anticipate making any acquisitions or disposals in the next 12 months? Yes No
- (g) Have not had any board directors leave the company in the last 12 months? Yes No
- If you have answered NO to any of the questions above, please give details here:

5. Please complete the table below in respect to staff numbers:

Positions	Number of Individuals
Executive Board	
Investment professionals	
Administration and back-office functions	
Legal, compliance and internal audit	
Others	
Total	

SECTION B: FUND DETAILS

1. Please provide a list of the funds and investment mandates requiring insurance:

Fund Names or Investment Mandates	Date of Establishment	Funds under Management	Country of Registration	Investment Strategy

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2. Please provide a geographical split (by FUM) of the investors across all funds combined:

Locations	Past Year	Current Year	Next Year (est.)
	%	%	%
	%	%	%
	%	%	%

Please list any other countries with a larger than 20% proportion of total investors:

3. Please provide your revenues for all funds combined:

Type	Currency	Past Year	Current Year (est.)	Next year (est.)
Management fees				
Performance income				
Total				

4. Please give a breakdown of the type of investor across all funds:

Type of Investor	Percentage (%) of Funds under Management
Institutional, pension funds, superannuation funds, governments	
Ultra-high net worth, high net worth individuals and sophisticated investors	
Retail investors	
Other investors	
Total	100 %

5. Can you confirm that:

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- (a) All asset valuations in the funds are made or verified by independent third party specialists? Yes No
- (b) No fund has had redemptions of more than 30% of total fund value in the past 12 months? Yes No
- (c) No fund has ever implemented any redemption gates or suspended redemptions? Yes No
- (d) No fund had a reduction of greater than 50% of its NAV in the past 12 months? Yes No
- (e) No fund was liquidated or restructured in the past 12 months? Yes No
- (f) No fund is likely to be liquidated or restructured in the next 12 months? Yes No
- (g) No loan covenant has been breached, no lines of credit withdrawn, and no credit facilities has been materially altered for a fund or for any of its portfolio companies? Yes No

If you have answered NO to any of the questions above, please give details here:

6. Do you hold positions on the boards of companies in which the fund invests in? Yes No
 If you have answered YES, please list the companies below:

- If YES, do you insist that such companies purchase directors & officers insurance? Yes No
7. Do you outsource any administration, mid-office, back office, custodial or compliance functions to independent third parties? Yes No
 If you have answered YES, please provide details

SECTION C: RISK MANAGEMENT INFORMATION

1. Do you have adequate procedures to ensure that:
- (a) There is a formal due diligence and approval process when selecting new investments and/or altering the investment strategy of a fund? Yes No
 - (b) Incorrect and unauthorised trades are quickly identifiable and rectified? Yes No
 - (c) Investment restrictions and trading limits are complied with and that breaches are promptly identifiable and rectified? Yes No
 - (d) Only authorised investment personnel are able to trade on the systems and that the systems will prevent trades in excess of pre-authorised personal trading limits? Yes No
 - (e) Deals may only be made via approved counterparties? Yes No
 - (f) Counterparties receive authorised confirmation for all trades prior to any settlement? Yes No
 - (g) The accounting, back office and custodial responsibilities are segregated away from the investment professionals? Yes No

If you have answered NO to any of the questions above, please give details here:

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2. Can you confirm the following best practices and minimum security standards are in place:
- (a) Background checks are performed on all new employees? Yes No
 - (b) Staff education and monitoring procedures to avoid breaches of money laundering, sanctions, insider trading, conflicts of interest and bribery regulations? Yes No
 - (c) Bank accounts are reconciled at least weekly? Yes No
 - (d) The computer systems require passwords for access and restrict users from performing functions that they are not authorised to perform? Yes No
 - (e) All staff receive training to identify and prevent social engineering frauds (eg phishing)? Yes No
 - (f) Staff are required to follow a rigorous process to establish the authenticity of new client/customers and of any request to change personal details of current clients/customer.s? Yes No
 - (g) Investment redemption payments are only made to bank accounts from which the original investment came? Yes No
 - (h) All payment requests for services or other purchases that exceed £10,000 require rigorous checks, including approval of a senior manager and contact with the seller by a different means of communication to ensure the payment request and all details are genuine? Yes No

If you have answered NO to any of the above, please provide details below with mitigating comments and any additional information regarding internal risk management procedures.

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3. Can you confirm an internal or external audit team performs independent checks at least annually on:
- (a) Segregation of duties? Yes No
 - (b) Performance reporting to investors? Yes No
 - (c) Staff training? Yes No
 - (d) Adequacy of IT systems? Yes No
 - (e) Level of investment professionals' authority? Yes No
 - (f) Managerial oversight? Yes No

If you have answered NO to any of the above, please provide details below with mitigating comments and any additional information regarding your audit function

4. Have all material recommendations from the last annual audit been implemented? Yes No
- If you have answered NO, please provide details below on any outstanding material recommendations that have not been implemented with mitigating comments and any additional information.

SECTION D: CYBER SECURITY

If you require coverage for cyber, please complete the following questions.

- 1.
- (a) How many personally identifiable information (PII) records or unique investor records do the investment manager and the funds currently hold (including employees)?
 - (b) Does the manager or funds hold or process any of the following types of sensitive data of investors?
 - (i) Names, addresses and/or telephone numbers Yes No
 - (ii) Identity information (eg NI numbers, passport, identity card numbers) Yes No
 - (ii) Banking details (including credit and debit card records) Yes No
- 2.
- (a) Do you have a disaster recovery plan (DRP) &/or business continuity plan (BCP) in place? Yes No
 - (b) In your DRP / BCP, how long would it take for you to be fully operational again following an incident?

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(c) How often do you test your DRP / BCP?

3. Please provide details of the vendors for the following services: (or check box if it is managed and operated in-house)

	Vendor	In-house
(a) Internet service provider		<input type="checkbox"/>
(b) Cloud / hosting / data centre provider		<input type="checkbox"/>
(c) Payment processing		<input type="checkbox"/>
(d) Data or information processing (such as marketing or payroll)		<input type="checkbox"/>
(e) Offsite archiving, backup and storage		<input type="checkbox"/>

4. Can you confirm the company adheres to the following best practices and minimum security standards:

- (a) Have a dedicated individual responsible for information security and privacy? Yes No
 - (b) Have a written incident management response plan? Yes No
 - (c) Perform background checks on all employees and contractors with access to sensitive data? Yes No
 - (d) Have restricted access to sensitive data (including physical records)? Yes No
 - (e) Have a process to delete systems access within 48 hours after employee termination? Yes No
 - (f) Have written information security policies and procedures that are reviewed annually and communicated to all employees including information security awareness training? Yes No
 - (g) Ensure all remote access to IT systems is secure? Yes No
 - (h) Only use operating systems that continue to be supported by the original provider? Yes No
 - (i) You use anti-virus, anti-spyware and anti-malware software and update them regularly? Yes No
 - (j) You use firewalls and other security applications between the internet and sensitive data? Yes No
 - (k) You use intrusion detection or intrusion prevention systems (IDS/IPS) and these are monitored? Yes No
 - (l) You ensure all sensitive data on your system is encrypted? Yes No
 - (m) You ensure all sensitive data on all removable media is encrypted? Yes No
 - (n) You ensure sensitive data is permanently removed (e.g. physical destruction not merely deleting) from hard drives and other storage media and paper records are shredded or confidentially disposed of? Yes No
 - (o) You perform regular backups and periodically monitor the quality of the backups? Yes No
- If you have answered NO to any of the above, please detail below along with mitigating comments

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SECTION E: CLAIMS HISTORY

1. After having made full enquiries, including of all directors, partners and principals, can you confirm that:
 - (a) No claims (successful or otherwise) have been made against or have been threatened to be made against:
 - i. the investment manager or any fund or any of their predecessors in respect to any negligence, breach of duty of care, libel or slander, dishonesty of any employee or to any other act, error or omission that has or might have given rise to a claim? Yes No
 - any director, partner or officer in respect to any wrongful act committed by them whilst acting in such capacity? Yes No
 - (b) The investment manager, the funds or any director/employee has not been subject
 - ii. to any regulatory investigation? Yes No
 - (c) The investment manager and the funds have not suffered from any attempt, successful or otherwise:
 - i. to steal any money, financial instruments or any other asset that it either owns or for which it is legally responsible. Yes No
 - ii. of extortion against it by a threat to commit a theft, cyber-attack or other malicious or criminal event. Yes No
 - (d) The investment manager and the funds have not received complaints, orally or in writing, regarding its investment performance, advice given or its administration? Yes No
 - (e) The investment manager and the funds have not been adversely affected by or suffered any loss from:
 - i. a privacy breach, virus, distributed denial of service (DDOS) or hacking incident? Yes No
 - ii. an unforeseen down time to its website or IT network of more than 3 hours? Yes No
 - (f) You are not aware of any circumstance or problem that might in the future give rise to a claim, regulatory investigation against or a loss for the investment manager, funds or any of their directors, officers or partners that is covered under the proposed insurance policy? Yes No

If you have answered NO to any of the above, please provide full details:

SECTION F: INSURANCE DETAILS

Quote Request

What limit of indemnity is required?

Civil Liability (Professional Indemnity)

D&O - Investment Manager

D&O

Do you buy this cover currently?

Yes No

Yes No

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D&O - Fund		Yes <input type="checkbox"/> No <input type="checkbox"/>
Crime		Yes <input type="checkbox"/> No <input type="checkbox"/>
Cyber Liability and Loss		Yes <input type="checkbox"/> No <input type="checkbox"/>

PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount	

DECLARATION:

1. **Signatory's Declaration:** To the best of my/our knowledge and belief and after due enquiries, the statements and information contained in, and attached to, this Proposal Form are true and no material fact has been withheld.
 I/we understand a material fact is one likely to influence acceptance or assessment of the risk by the Insurer (NB: in case of doubt or any changes in the information on this application form between the date of this declaration and the inception date of the policy).
 I/we agree that such statements and information shall form the basis of the insurance contract to be affected. The person signing this Proposal Form should be duly authorised to sign on behalf of the Proposal and should make all necessary enquiries of his/her fellow directors, officers and employees to enable the questions to be answered and on whose behalf he/she signs.
2. **Important notice:** False or incomplete information or the omitting of information may lead to a complete, retroactive deprivation of the insurance coverage. Already paid insurance indemnities may be claimed back (violation of duty to disclosure).
 I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
3. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
4. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
5. I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
6. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

YOUR PERSONAL INFORMATION

The basics

We collect and use relevant information about you to provide you with your insurance cover and to meet our legal obligations.

This information includes details such as your name and address and may include more sensitive details such as information about your health and any criminal convictions you may have.

The way insurance works means that your information may be shared with fraud prevention agencies and used by a number of third parties in the insurance sector – but only in connection with the insurance cover that we provide to you.

Other people's details you provide to us

Where you provide us with details about other people, you must provide this “Your Personal Information” notice to them.

Group policies

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We will process individual insured's details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our privacy notice and applicable data protection laws.

To enable us to use individual insured's details in accordance with applicable data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured this notice, on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

We are committed to only using the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

1.1 AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:

Please Select

1. Declaration for Politically Exposed Person (PEP) to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."

2. Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

1.2 AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:

Please Select

1. Declaration for PEP to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."

2. Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

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- 3. Consent/Declaration to be added in proposal for Premium paid from own funds:**
 I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

1.3 AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER AND GROUP POLICIES:

Please Select

- 1. Consent/Declaration to be added in proposal:**
 I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.
 I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.
- 2. Consent/Declaration to be added in claim for CKYC no.**
 I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

Date:

Signature of the Proposer

Place:

Name:

Date:

Signature (on behalf of the Proposer)

Place:

Name:

- * Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.
- * This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

INSURANCE ACT 1938 SECTION 41- Prohibition or 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 fault in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.