

DIRECTORS AND OFFICERS PROPOSAL FORM

Details of Company:

1. Full name of Company: (Hereinafter know as the 'Proposer')

2. Principal trading Address(es): Telephone Number:
Fax Number:
e-mail address:

3. Company Registration Number:

Legislation and Status:

4. Please tick your Corporate Status:
 Public Private Mutual
 Limited by Guarantee Close Other

5. On what date was the Company incorporated?

6. What are the Company's principal business activities?

7. Last completed year's Total turnover split by region:
 UK Europe USA/CANADA ROW

8. TOTAL Net Assets or Shareholder funds: Net Profit:
 (Inc any subsidiaries)

Claims Questions:

9. Has any claim, circumstance or charge (criminal or civil) ever been made against any past or present Director, Officer or Employee of the Proposer or any of its subsidiaries? YES NO

10. Is the Proposer aware of any circumstance which may give rise to a claim that could fall within the scope of a Directors and Officers Liability Insurance Policy? YES NO

Previous Liability Insurance:

11. a) Insurer: d) Period or Inception date required :

- b) Limit purchased £ e) Prior and Pending Litigation date :

- c) Expiry Premium Paid £

Declaration to Underwriter:

Following full and proper enquiry and being duly authorised by the Proposer and all proposed insured persons I/We declare and agree that the contents of this Proposal Form with any other information and documents supplied with it shall form the basis of any contract of insurance subsequently entered into and hereby warrant that the contents are true and correct and also that no other material facts, matters or circumstances have been misrepresented, incorrectly described or omitted. I/We confirm that I/We have read and understood the Important Notes set out at the beginning of this Proposal Form and hereby undertake to provide details of any material change in the information supplied or of any new facts or matters arising which may be relevant or material to the consideration of the risk prior to agreement of the contract of insurance.

SIGNATURE:	
NAME:	
CAPACITY:	
DATE:	

EMPLOYMENT PRACTICES LIABILITY (ADDITIONAL COVER)

(Only to be completed if the insured requires Entity cover for Employment Practices)

- 1) Please advise the number of Employees:
(including Full time, Part Time & Contractors split by region)

UK	Europe	USA/CANADA	ROW
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- 2) Does the Proposer have a Human Resources Department..... YES NO

- 3) Does the Proposer have a written human resources manual or equivalent written management guidelines YES NO

- 4) Does the Proposer have an employee handbook which is distributed to all employees YES NO
If "yes", please attach such handbook to this proposal.

- 5) How many employees have resigned, been terminated (with or without cause) or have taken early retirement within the last 12 months:

- 6) Is the Proposer currently undergoing, or does the Proposer contemplate undergoing during the next 12 months, any employee layoffs or early retirement (including those resulting from any type of company restructuring, office, plant, or store closure)? YES NO

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