

**INSTRUCTIONS:**

This form should be completed by the Director or Officer of the Insured or the broker. The form must be completed to the best of your knowledge. This form must be signed and dated by an authorized signatory of the Insured. Answer all of questions on the right hand side of the form. For the checkboxes, double-click on these and select "checked" or "not checked". If a question is not applicable or not known please write 'N/A' or 'Unknown' and state, in brief, why the question is not applicable.

Once the proposal form is signed and dated, please send it to your broker along with the following documents which will form part of the submission:

- The Insured's audited annual reports & accounts
- Corporate structure charts
- Details of any claims
- Expiring wording
- Any other relevant information

**SECTION 1: INSURED INFORMATION**

		Type or write answers here below
1.	Insured Name (Full Name of Insured)	
	Registered Office Address	
	Country of Incorporation	
2.	Principal Activities of the Insured	
	Date of Incorporation	
	Number of Employees	

**SECTION 2: INSURED OWNERSHIP AND STRUCTURE**

3.	Names of shareholders who own more than 5% of the Insured's issued share capital or voting rights and their amount of shareholding	Shareholder Name		%
		1.		
		2.		
		3.		
		4.		
4.	Details of any subsidiaries that have a negative equity or are in bankruptcy			

**SECTION 3: SECURITIES LISTINGS**

5.	Does the Insured, its parent or any subsidiaries have any securities (i.e. stocks, bonds, etc) quoted on any stock exchange?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes', please provide details of the names of the Companies whose securities are publicly traded, the names of the stock markets and the types of public securities.		
6.	Is the Insured, its parent or any subsidiaries planning to introduce new securities (i.e. stocks, bonds, etc.) to the listing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes', please provide details.		
7.	Does the Insured, its parent or any of its subsidiaries issue securities available in the USA or Canada (including ADRs Level I, II and III, direct quotations, both sponsored and non-sponsored)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes', please provide details.		

**SECTION 4: INTERNATIONAL BUSINESS**

8.	Does the Insured, its parent or any of its subsidiaries have any business operations or assets in the USA or Canada?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes', please provide the names of the entities in the USA and Canada, the amount of revenue from assets in USA and Canada, assets held in USA and Canada and number of employees in USA and Canada.		
9.	Does the Insured, its parent or any of its subsidiaries trade with or have any business operations or assets in countries where there are international sanctions and embargoes in effect?  See <a href="https://www.gov.uk/browse/business/imports-exports/embargoes-and-sanctions">https://www.gov.uk/browse/business/imports-exports/embargoes-and-sanctions</a> for latest list.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes', please provide details of business involvement.		

**SECTION 5: MATERIAL CHANGES, MERGERS AND ACQUISITIONS**

10.	Has the Insured's ownership structure materially changed in the last two years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11.	Is the Insured currently considering any mergers, acquisitions or divestitures?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12.	Is the Insured aware of any takeover plans of the Insured?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13.	If you answered 'yes' to any of questions 10-13, please provide details of the material change:		

**SECTION 6: GOVERNANCE MATTERS**

14.	In the last 12 months, have any directors or officers of the Insured ceased to be a director or officer of the Insured?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes' please provide the names of all former directors and officers of the Insured who have ceased to be a director or officer in the last 12 months		
15.	In the last 3 years, has the Insured ever restated its financial results?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes' please provide details surrounding the restatement		
16.	Has the Insured's auditors identified any issues with the Insured's internal control or practices?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes' please provide details		
17.	In the last 3 years, has the Insured breached any of the terms of its loan agreements, debt covenants or contractual obligations?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes' please provide details		
18.	Does the Insured own or are they planning to buy any speculative derivatives (not real security, goods flows currencies, etc.)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes' please provide details		

**SECTION 7: CLAIMS AND CONSIDERATIONS**

20.	Has a claim or any proceedings ever been brought against a former or current director or officer of the Insured, its parent or any of its subsidiaries?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If 'yes', please provide details (including the circumstances of the event, who was/is involved, amounts, etc.):		
21.	Is the Insured or any Director or Officer aware, after enquiry, of any circumstance or incident that may give rise to a Claim?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, please provide full details.		

**SECTION 8: D&O POLICY HISTORY**

22.	Does the Insured currently have Directors and Officers Liability Insurance in force?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
23.	If 'no', has the Insured purchased Directors and Officers Liability Insurance before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24.	Has the Insured ever been refused Directors and Officers Liability Insurance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**SECTION 9: DECLARATION**

As a Director or Officer of the Insured, I/We certify, as follows:

- I/We am/are authorized to fill in this form on behalf of the Insured
- I/We declare that the contents of this proposal form are true and that I/We, after full enquiry, have not misstated or suppressed any material facts.
- I/We agree that this proposal form together with any other information supplied by me/us shall form the basis of any contract of insurance effected hereon.
- I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.
- The completion and signature of this proposal form does not bind the Insurer to complete a contract of insurance.
- I/We understand that any non-disclosure or misrepresentation of any material facts or matters shall entitle the Insurer to avoid this insurance.

Signature:	_____
Name:	_____
Function:	_____
Insured:	_____
Date:	_____