



Management Liability (D&O) Proposal Form

**GB UNDERWRITING PROPOSAL FORM:
MANAGEMENT LIABILITY (D&O) AND COMPANY REIMBURSEMENT WITH
COMPANY, PENSION TRUSTEE AND EMPLOYMENT PRACTICES LIABILITY**

This proposal form must be completed by a director or company secretary, and answered fully for a quotation to be given. The completion and signature of this proposal form does not bind the Company or Insurer to complete a contract of insurance.

1. Name of Company:

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2. Registered address:

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 Postcode:

3. Year of establishment:

4. Legal status of Company: Privately Owned Publicly Owned
 Limited by Guarantee Charity or Not-for-Profit

5. Nature of business:

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6. Number of shareholders of the Company:

7. Percentage of shares held by directors of the Company: %

8. Full details of shareholders who own 10% or more of issued shares:

Shareholder	Percentage Owned
..... %
..... %
..... %
..... %
..... %



9. Is the Company listed on any Stock Exchange? Yes No

If so, please provide full details:

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10. Is the Company contemplating any offering or share issue in the next 12 months? Yes No

If so, please provide full details:

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11. Does the Company have any acquisition, tender offer or merger pending or under consideration? Yes No

If so, please provide full details:

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12. Is the Company aware of any proposal relating to its acquisition by any another organisation? Yes No

If so, please provide full details:

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13. Have there been any acquisitions, disposals or created subsidiaries in the past 12 months? Yes No

If so, please provide full details:

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14. During the past five years, has either the capital structure or the name of the Company changed? Yes No

If so, please provide full details:

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Please complete questions 15-19 if cover is required for activities in North America.

15. What are the total gross assets of the Company and its subsidiaries in North America? £

16. What is the total turnover of the Company and its subsidiaries derived from North America? £

17. What is the total number of Employees in North America?

18. Does the Company or any of its subsidiaries have any shares traded in the United States of America? Yes No

If so, please state the percentage of total shares traded, and enclose a copy of the latest 20-F filing or similar filing made to the USA Regulatory Authorities. %

19. Does the Company have any shares traded in the form of ADRs? Yes No

PENSION TRUSTEE LIABILITY

Please complete this section if Pension Trustee Liability is required.

20. Name of Sponsoring Employer:

21. Number of Pension Schemes:

22. Total Value of Pension Schemes: £

23. Are any of the Pension Scheme Trustees remunerated for acting as such? Yes No

24. If there is a Corporate Trustee, does it act solely for Pension Schemes of the Sponsoring Employer? Yes No



25. How many of the Trustees are nominated by members of the Pension Scheme?

26. Has the Sponsoring Employer paid all contributions fully and on time? Yes No

27. Are the Pension Schemes funded in accordance with the recommendations of the actuary, if applicable? Yes No

28. Is any Pension Scheme wind-up contemplated or currently taking place? Yes No

If so, please provide full details:

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29. Are any Pension Scheme assets invested into the Sponsoring Employer? Yes No

If so, please state the percentage: %

30. Please provide the name and year of appointment of the following:

	Name	Year of Appointment
Pension Consultants:

Actuary:

Investment Managers:

Please complete questions 31 to 35 for each Pension Scheme.

31. Name of Pension Scheme:

32. Current Assets of Scheme: £

33. Which type of Pension Scheme is provided? Defined Benefit Defined Contribution

34. If the Pension Scheme is Defined Benefit, what is the current funding level of the scheme? %



35. Please provide the most recent figures for:

Number of active members:

Number of deferred members:

Number of retired members:

EMPLOYMENT PRACTICES LIABILITY

Please complete this section if Employment Practices Liability is required.

36. Total Number of Employees in the UK/Republic of Ireland:

37. Total Number of Employees Worldwide excluding UK/Ireland:

38. Total Number of Employees belonging to a Trade Union or similar organisation:

39. In the past 5 years, has the Insured experienced any redundancies, or are any anticipated within the next 12 months? Yes No

40. Does the Insured:

Have a full time human resources department or manager? Yes No

Have an employee handbook which is distributed to all employees? Yes No

Have written policies against discrimination and sexual harassment? Yes No

Have a grievance procedure for dealing with discrimination claims? Yes No

Have a written progressive discipline programme? Yes No

Have an established severance and termination procedure? Yes No

Obtain advice from HR managers prior to terminating an employee? Yes No

Check references prior to accepting an applicant? Yes No

Questions 41-44 must be answered by all applicants and apply to all D&O Plus Insurance Covers.

41. If this proposal is not for a renewal by GB Underwriting Ltd, does the Company currently have any similar insurance in force? Yes No

If so, please confirm:

Insurer:

Limit of Indemnity: £



Policy Period:

Premium: £

42. Has the Company ever been refused this type of insurance or had a similar insurance cancelled? Yes No

If so, please provide full details:

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43. Have any claims ever been made against the Company, any past or present director, officer, trustee, or employee of the Company, its subsidiaries or the Pension Scheme? Yes No

If so, please provide full details:

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44. Is the Company or any director, officer, trustee or employee aware, after enquiry, of any circumstance or incident that may give rise to a claim? Yes No

If so, please provide full details:

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DECLARATION

I/We declare that the contents of this proposal form are true and that I/we have not mis-stated 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.

Please attach a copy of the most recent audited annual accounts for the Company and the latest interim statement (if applicable).

SIGNATURE:

CAPACITY:

POSITION:

DATE:

PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS





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