



DIRECTORS' & OFFICERS' LIABILITY INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

1. PARTICULARS OF PROPOSER

Name of company _____

P. O. Box _____ Code: _____ Town: _____ County _____

Telephone Contact _____ Alternative Mobile Number _____

Email Address _____ Email Address 2: _____

Cert of Incorporation Number: _____ (Attach copy)

PIN No. _____ (Attach copy)

Date from which Company has continually been in business _____

Business activity of the Company and its subsidiaries _____

Physical Address of Head Office: Floor _____ Building Name _____

Street Name _____ Room No _____

Website _____

CR 12 (Attach Copy)

2. REQUESTED COVERAGE

Limit of Liability in the aggregate _____

Period of Insurance: From _____ To _____

3. DETAILS OF OWNERSHIP

Is the Company Public Private Non-Profit

Are the shares of the Company or any of its Subsidiaries publicly traded? YES NO

If yes, please specify the exchange(s) on which they are listed: _____

Are there any shareholders (including Directors) Owning, directly indirectly or beneficially 10% or More of the shares? YES NO If yes, please specify percentage of shares traded:

Name	% of Shares	% of voting shares

4. SUBSIDIARY / OUTSIDE ENTITY INFORMATION

Is coverage to include all Subsidiaries YES NO If yes, please provide details: (if there is insufficient

space, please use a separate sheet)

Name	Business	% Owned

Do any Directors, Officers or Employees hold any outside Board positions at the behest of the Company?

YES NO

If yes, is coverage for such positions desired: **YES NO** If yes, please provide details: (if there is insufficient space, please use a separate sheet)

Organization Name	Territory	D&O's

5. HISTORY OF THE COMPANY

During the last five years, has:

The name of the Company changed? **YES NO**

Any acquisition or merger taken place? **YES NO**

Any Subsidiary been sold or acquired? **YES NO**

The Company changed its external auditors or external legal advisers? **YES NO**

The Company been in breach of any of its debts, covenants or loan agreements? **YES NO**

If yes, to any of the above please provide details:

6. POLICIES AND PROCEDURES

Has the Company ever restated its financial results? **YES NO** If yes, please provide details:

Does the Company anticipate having to take a significant one-time change to earnings, or restatement of earnings within the next 12 months? **YES NO** If yes, please provide details:

7. FORWARD LOOKING

Is the Company having any acquisition, tender offer or merger pending or under consideration? **YES** **NO**

If yes, please provide details _____

Is the company aware of any proposal relating to its acquisition by another company? **YES** **NO** If yes, please explain _____

Is the company intending a new public offering of securities within the next year? **YES** **NO** If yes, please provide details. _____

Is the Company currently involved in or considering filing for bankruptcy? **YES** **NO** If yes, please explain: _____

8. INVESTIGATIONS/INQUIRIES

Has any official inquiry been undertaken by any regulatory governmental, professional or other authorized body into the activities of any or all of the Directors and/or Officers in any capacity? **YES** **NO** If yes, please provide details: _____

Does the Company on behalf of its Directors or Officers have Directors & Officers Liability Insurance currently in force? **YES** **NO** If yes, please provide details: Limit of Liability _____ Insurer(s) _____

9. CLAIMS INFORMATION

Has the Company, or anyone for whom this insurance is intended, been involved in the following:

Any antitrust, copyright or patent litigation? **YES** **NO**

Any civil or criminal action or administrative proceeding alleging a violation of any security law or regulation relating to securities? **YES** **NO**

Any representative actions, class actions, or derivative suits? **YES** **NO** If yes, to any of the above please provide details: _____

Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? **YES** **NO** If yes, provide details: _____

10. PRIOR KNOWLEDGE

Does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of this proposed insurance? **YES** **NO** If yes, to any of the above please provide details: _____

DECLARATION

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer _____ Signature _____ Date _____

Name of Agent/Broker _____ Signature _____ Date _____

NB: -

As an attachment to this proposal form, please include the following (where applicable):

- Most recent report and accounts/financial statements (annual report), and/
or
- Latest available interim financial statements.
- Filled in KYC form (if not filled)
- Copy of CR 12