



**DIRECTORS AND OFFICERS
LIABILITY INSURANCE**

PROPOSAL FORM

for

**Insurance effected through Williams Insurance Management
Limited**

15 St Mary at Hill, London EC3R 8EE

Tel: 0203 058 1095 Fax: 0870 4585881

E-mail: info@wimserve.com

Registered Office: as above Registered in England: 4851546

Authorised and regulated by the Financial Conduct Authority



IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The Person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this Proposal does not bind the Proposers or Underwriters to enter a Contract of Insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (Please indicate section number).

E.U. DISCLOSURE CLAUSE (UK)

ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS, WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE PLACEMENT.

Notice to the Proposer/Assured.

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

Complaints and Advisory Department Lloyd's,
One Lime Street, LONDON EC3M 7HA Telephone 020 7623 7100.

LSW 1002 (07/99) (amended).



1) Name/s of Company/Organisation (The Proposers):

Name	Date Commenced Trading

2) Registered Address:

Tel No	Fax No

3) If any Proposer is a subsidiary of another company please state the name and address of the holding company:

4) Type of company/organisation (e.g. public, private, close, mutual, limited by guarantee):

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5) Nature of operations:

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6) Name of each member of the board of directors:

Name	Date of Appointment

7) (a) How many shareholders does the Proposer have?

(b) Does any shareholder own more than 15% of the issued shares?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please identify the shareholder/s and % owned:

Name	% Owned

(c) Does any shareholder listed in 7(b) above have any representation on any board of directors of the Proposer?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please detail their position and identify the company/ies that they represent:

Position	Company

8) Do the Proposer's directors or officers require cover in respect of appointments to outside companies?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

9) Is any Proposer:

(a) Listed on any stock exchange?

YES NO

If **YES**, please identify the company/ies and date listing obtained:

Stock Exchange	Date Listing Obtained

(b) Listed on unlisted securities market?

YES NO

(c) Traded in any other way?

YES NO

Is any Proposer If **YES**, please provide details:

10) (a) Is any Proposer Has any Proposer any acquisition, tender offer or merger pending or under consideration?

YES NO

(b) Is any Proposer aware of any proposal relating to its acquisition by another organisation?

YES NO

(c) Is any Proposer intending a new public offering of securities within the next year in the UK or elsewhere?

YES NO

11) (a) Are any assets of the organisation located in the USA or Canada?

YES NO

If **YES**, please state total gross assets:

US \$

(b) Does any Proposer or any subsidiary have any stock, shares or debentures, debt instruments or commercial paper in the USA or Canada?

YES NO

If **YES**, the insurers may require an additional questionnaire.

Please detail any acquisitions, disposals or created subsidiaries since the last published Report and Accounts:

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- 12) Is any proposer actually undergoing or contemplating undergoing layoffs or early retirement proposals for any reason?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

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- 13) Does any Proposer or any director or officer have Directors & Officers Liability Insurance (D&O) currently in force?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

Insurer	
Indemnity limit	
Expiry date	
Premium last year	

- 14) Has any Proposer ever had any insurer decline or cancel or refuse to renew a D&O policy?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

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- 15) (a) PLEASE PROVIDE DETAILS OF YOUR CURRENT INSURANCE:

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

- (b) For what Limit/s of Indemnity are quotations required?

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16) Have any claims ever been made against any past or current director, officer or employee of any Proposer?

 YES NO

If YES, please provide details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost outstanding

17) Is any Proposer aware, after enquiry, of any circumstance or incidents which may give rise to a claim?

 YES NO

If YES, please provide details:

It is essential that every Proposer when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Date:

Signature of Director:

This proposal should be accompanied by your latest audited Report and Accounts together with your company brochure and any interim statements

A copy of this proposal should be retained by you for your own records.