





Management LiabiLity

NOTICE: This is a proposal for a claims-made policy. The policy for which this proposal is made, subject to its terms & conditions, is limited to liability for acts for which claims are first made during the period of insurance and duly purchased discovery period. You must disclose in this application fully, all facts which you know or ought to know otherwise the policy may be void.

General Informa	ıtion						
Name of the company: Principal address:							
Business activities of the company & its subsidiaries:							
Date of establishment: Total revenue:							
Has the company operated ur (If Yes, give details):	nder a different name and/or changed	country of registration within the las	st five 5 years?]Yes □No			
Details of Owner	rship □ Public	☐ Private		n-Profit			
	, or any of its subsidiaries, publicly tr		L 100				
Total number of shares owned directly, indirectly or beneficially by Directors and Officers:							
Are there any shareholders ov (If Yes, give details):	vning directly, indirectly or beneficiall	y %10 or more of the shares?	□Yes	□No			
Are there any plans for merge equity structure in the past 5 y	rs, accquisitions, tender offer, buy out years or planned for the next 12 mont	c or change in hs?	☐ Yes	□No			
Plans to sell or distribute any	assets or stocks, other than in the ord	linary course of business?	☐ Yes	□No			
(If Yes, give details):		,					



Employment Practices

Please state in respect of the applicant in the total

	Domestic	GCC	USA	(Other
Permanent employees					
Directors and officers					
Temporary staff and outsourced employee roles					
What has been the approximate annual employees (all locations) during the pa	☐ Year 3%				
s the applicant currently undergoing, c etrenchments including one resulting if yes, please provide full details on a s	□Yes	□No			
Does the applicant have a Human Resources Department? (If No, please provide full details of how this function is handled, on a separate sheet)					□No
Does the applicant have a Human Resources manual or equivalent written management guidelines that address issues such as sexual harassment, employee disciplinary actions, terminations and layoffs? (If No, please provide full details of how are these issues are handled and by whom on a separate sheet)					□No
Financial Position of tl	he Company				
				□Yes	□No
are you aware of facts or circumstances	s that might affect your abilit	y to meet debt obligations wl	nen they arise?	☐ Yes	□ No
Are you aware of facts or circumstances	s that might affect your abilit s particularly revenue recogr	y to meet debt obligations wl	nen they arise?		
Are you aware of facts or circumstances Are any significant accounting practices Do you have a positive net worth i.e. do	s that might affect your abilit s particularly revenue recogr your assets exceed your liab	y to meet debt obligations wl nition anticipated to change v pilities?	nen they arise?	□Yes	□No
Are you aware of facts or circumstances Are any significant accounting practices Oo you have a positive net worth i.e. do	s that might affect your abilit s particularly revenue recogr your assets exceed your liab	y to meet debt obligations wl nition anticipated to change v pilities?	nen they arise?	□ Yes	□ No
Are you aware of facts or circumstances Are any significant accounting practices Oo you have a positive net worth i.e. do	s that might affect your abilit s particularly revenue recogr your assets exceed your liab	y to meet debt obligations wl nition anticipated to change v pilities?	nen they arise?	□ Yes	□ No
Are you aware of facts or circumstances Are any significant accounting practices On you have a positive net worth i.e. do as your net income expected to exceed your networth income expected your networth income expected to exceed your networth income expected your n	s that might affect your abilit s particularly revenue recogr o your assets exceed your liab your expenditure in the next	y to meet debt obligations wl nition anticipated to change v pilities? 12 months?	nen they arise? vithin the next 12 months?	□ Yes	□ No
Are you aware of facts or circumstances Are any significant accounting practices Do you have a positive net worth i.e. do s your net income expected to exceed y Previous Insurance Has the company, or any subsidiary, pre	s that might affect your abilit s particularly revenue recogn your assets exceed your liab your expenditure in the next eviously held, or have they n	y to meet debt obligations whition anticipated to change woilities? 12 months? ow, any Directors and Officer	nen they arise? vithin the next 12 months?	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No
Are you aware of facts or circumstances Are any significant accounting practices Do you have a positive net worth i.e. do s your net income expected to exceed y Previous Insurance Has the company, or any subsidiary, profess, please provide complete details in	s that might affect your abilit s particularly revenue recogn your assets exceed your liab your expenditure in the next eviously held, or have they n	y to meet debt obligations whition anticipated to change world bilities? 12 months? ow, any Directors and Officent overage continuously purchase	nen they arise? vithin the next 12 months? s Liability Insurance?	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No
Are you aware of facts or circumstances Are any significant accounting practices Do you have a positive net worth i.e. do s your net income expected to exceed y	s that might affect your abilit s particularly revenue recogn your assets exceed your liab your expenditure in the next eviously held, or have they n	y to meet debt obligations whition anticipated to change world bilities? 12 months? ow, any Directors and Officent overage continuously purchase	nen they arise? vithin the next 12 months? s Liability Insurance?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No

	Previous Experience								
	Has the company, or anyone for whom this insurance is intended, been invo	olved in the following:							
	- any antitrust, copyright or patent litigation?			□Yes	□No				
	- any civil or criminal action or administrative proceeding alleging a violatic purchase of any shares, investments or securities?	on of any laws relating to the sale	or	□Yes	□No				
	- any representative actions, class actions, or derivative suits?			□Yes	□No				
	If Yes to any of the above, please attach details:								
	Are there any pending claims against anyone for whom this insurance is into scope of coverage afforded by any similar insurance presently or previously			□Yes	□No				
	If Yes to any of the above, please attach details:								
	Has anyone for whom this insurance is intended aware of any fact(s) or circua claim being made against the company and/or any Director and/or Officer		to	□Yes	□No				
	If Yes to any of the above, please attach details:								
$\overline{\hspace{0.1cm}}$	Information Requested								
_	As an attachment to this proposal form, please include the following (where 1. Most recent report and accounts. 2. Latest available interim financial statements.	e applicable):							
	Declaration								
	The undersigned declares that to the best of his or her knowledge and belief, the statements contained in, and attached to, this proposal form are true. It is understood and agreed that the statements made in this proposal, or any additional information provided, are material to the acceptance of the risk assumed by the insurer and that any insurance subsequently provided is issued in reliance upon the truth of those statements. Signing of the proposal form does not bind the undersigned to complete this insurance, but it is agreed that this proposal shall be retained on file by the Insurer and shall be incorporated into and form part of the policy of insurance should it be issued.								
	Signature:	Date:	DD/MM/YYYY						