

Management Risks Insurance

Note to the Applicant: Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing to complete this insurance. Please provide by addendum any supplementary information which is material to the response of the questions herein. All answers should be given as a group response i.e. if any subsidiary company has different responses these should be provided separately.

Policyholder Details

Policyholder	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Website address	<input type="text"/>
Date policyholder established	<input type="text"/>
Business activities of policyholder and its subsidiaries	<input type="text"/>
Latest year end group turnover/revenue	£ <input type="text"/>

Directors & Officers Insurance and Company Insurance

2. During the last five years has:

a. The name of the policyholder been changed?	<input type="radio"/> Yes	<input type="radio"/> No
b. Any acquisition, merger or divestitures taken place?	<input type="radio"/> Yes	<input type="radio"/> No
c. The capital structure of the policyholder changed?	<input type="radio"/> Yes	<input type="radio"/> No

If Yes to any of the above, please give details under separate attachment.

3. a. Has the policyholder publicly revealed that it has under consideration any acquisitions, offers or mergers?

Yes **No**

b. Are there any proposals of which the policyholder is aware relating to its acquisition by any other company?

Yes **No**

If Yes to any of the above, please give details under separate attachment.

Directors & Officers Insurance and Company Insurance (continued)

4. Please give the name and percentage of holdings of any shareholder owning 25% or more of the ordinary shares of the policyholder (directly or beneficially):

Shareholder names	%	Shareholder names	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Do you have any assets in the United States of America, or does your turnover or income include any turnover or income to or from the United States? Yes No

\$

6. Has the policyholder and/or any of its subsidiaries (and/or any director, officer or other insured person of the policyholder or of such subsidiary) been involved in any claims or investigations that might have been covered by this policy had it been in force? Yes No

Employment Practices Insurance (only complete if this cover is required)

7. Please state the number of employees in the policyholder and its subsidiaries and where those employees are located:

United Kingdom	<input type="text"/>
USA	<input type="text"/>
Rest of World	<input type="text"/>
Total	<input type="text"/>

If cover is required for the USA, please complete the USA supplemental proposal form.

8. During the last 24 months has the policyholder or any of its subsidiaries made any redundancies, staff reductions or facility closures or do any of them anticipate or contemplate doing so in the next 12 months? Yes No

If Yes, please give details under separate attachment.

Employment Practices Insurance (continued)

9. Do the policyholder and its subsidiaries all have written procedures in place regarding:

- a. Discipline and termination of employment? Yes No
- b. Preventing discrimination and harassment? Yes No
- c. Handling complaints of harassment, including sexual harassment and discrimination? Yes No

If No to any of the above, please give details of how this function is handled:

10. Please provide details of all employment lawsuits and proceedings (e.g. tribunal proceedings, court proceedings etc.) commenced during the past 3 years. Describe the type of allegation and defence costs or settlement for each.

Date	Allegation	Amount to Claimant	Other Costs
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Employee Crime, Crime using Computers and Social Engineering Crime (only to be answered if higher optional limits are selected for this cover).

11. Locations and employees of policyholder and its group:

	Locations	Employees
UK	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Overseas	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

12. Do the policyholder and its subsidiaries all:

- a. have an established policy for checking the background of job candidates prior to their being offered employment? Yes No
- b. operate the principle of dual control regarding all payments, including the drawing and signing of cheques and use of electronic funds transfer? Yes No

Continued...

Employee Crime, Crime using Computers and Social Engineering Crime (only to be answered if higher optional limits are selected for this cover) - continued...

c. have a process in place where unusual payment instructions purporting to come from the senior management are followed up by call backs to senior management at a previously known and pre-designated phone number to confirm payment instructions and check authenticity? Yes No

d. have a process in place where instructions to change bank account details, or to pay into a different bank account, purporting to come from vendors and suppliers are followed up by call backs to vendors and suppliers at a previously known and pre-designated phone number to confirm instructions to change bank account details and check authenticity? Yes No

e. vet new suppliers? Yes No

Cyber Security

13. Does the policyholder and its subsidiaries collect, store or process personally identifiable or other confidential information? Yes No

If 'yes' how many records are held, including but not limited to, prospective, current and former customers, business partners and employees?

14. Has the policyholder and its subsidiaries implemented a written information security policy? Yes No

General Information

15. In the last 5 years, has any person or organisation to be insured by the policy given notice to an insurer of any claim (or circumstance which could give rise to a liability claim) or any other insured situation under any policy affording cover of the following type:

Directors & Officers Insurance and Company Insurance Yes No

Employment Practices Insurance Yes No

Employee Crime, Crime using Computers and Social Engineering Crime Yes No

Cyber Security Yes No

If Yes, has been answered to 15 above, please attach a statement of full details.

General Information (continued...)

16. After enquiry, is any person or organisation proposed for cover aware of any facts or circumstances which might lead to a valid claim by any insured under any part of the Management Risks Insurance Policy which is sought or indicate the probability of such claim?

Yes No

It is agreed that if known facts or circumstances exist any matter arising from them is excluded from the proposed cover.

Signature:

Date:

Name of Signatory:

Title of Signatory:

Additional information

Warning It is important that, when applying for the Policy, the applicants tell the insurers all facts which are material to the insurance. A material fact is one which might influence the insurers in deciding whether to accept the application or on what terms to insure. If in any doubt as to whether a fact is material, then the applicants should disclose it. They should keep a record (including copies of all letters and forms) of all information supplied to the insurers.