

Identification

Proposer's Name				Legal Form	
Enterprise Number					
Address	Street & Number				
	Postal Code	City	Country		
Contact email					
(Consolidated) Turnover*	EUR				

at the last financial year end / year 3 projection if less than 36 months

Sister Company(ies) to include					
Proposer's Main Activity*(NACEBEL)					
Expiring D&O policy	Insurer	Limit	Inception	/	/
Does the Proposer* have any securities traded on a stock exchange?				Yes	No
For how long the Proposer has been established?	< 12 months	< 36 months	> 36 months		
Does the Proposer* have a subsidiary, a branch, a participation in a company or any other physical presence in the United States of America?				Yes	No

Please answer the statements below. If you **Disagree** with any of them, please add additional information as requested, attaching additional sheets with your organisation's name and include the number of the statement you are answering.

Directors & Officers Liability	Agree	Disagree	* including Sister Companies and subsidiaries
1. NO directors of the Proposer* has been disqualified or left non-voluntarily in the last 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	If you Disagree , please provide reasons for exit, date of the exit, whether any payments were made & any other additional comment.
2. The Proposer* reported POSITIVE Net Worth in the latest approved financial statement.	<input type="checkbox"/>	<input type="checkbox"/>	If you Disagree , please provide explanation (if available) and latest annual accounts.
3. The Proposer reported a (consolidated) POSITIVE Net Result in the latest approved financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	If you Disagree , please answer statement 3.a.
3.a. The Proposer's (consolidated) NEGATIVE Net Result in the latest approved financial statement does not exceed 25% of Net Worth for the same period.	<input type="checkbox"/>	<input type="checkbox"/>	If you Disagree , please provide explanation (if available) and latest annual accounts.
4. The Proposer* is NOT in Liquidation or Bankruptcy Proceedings AND is NOT considering requesting such status in the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	If you Disagree , please provide explanation (if available) and latest annual accounts.
5. a. The Proposer's* directors & officers have NOT had any claim against them during the last 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	If you Disagree , please provide <ul style="list-style-type: none"> • nature of the claim or fact / circumstance and how it arose; • date of the claim or fact / circumstance; • values of any payments made; • measures to prevent reoccurrence.
b. the Proposer's directors, managers, CEO, COO, CFO, HR Manager or Legal Counsel are NOT aware of any fact / circumstance that may lead to a claim against a Director or Officer.	<input type="checkbox"/>	<input type="checkbox"/>	

Please complete items 8 to 11 only if cover for Corporate Legal Liability is requested

Corporate Legal Liability

	Agree	Disagree	
6. The Proposer's* total employee turnover has NOT exceeded 25% in the last 12 months.			If you Disagree , please provide details.
7. The Proposer* has made NO redundancies affecting more than 5% of its workforce in the last 6 months AND is NOT planning to make them in the next 12 months.			If you Disagree , please provide details.
8. The Proposer* has received NO remarks in any Labour Inspection carried out in the last 24 months OR if it <u>has</u> received any, it has complied with all of them.			If you Disagree , please provide a summary of the remarks and confirm if they have been complied with.
9. The Proposer* has NO employees in the United Kingdom.			If you Disagree , please answer statements 10.a & 10.b .
10. If the Proposer* has a (consolidated) turnover exceeding EUR 5M, please answer statements 10.a, 10.b and 10.c .			
10.a. The Proposer* uses external HR Consultants or legal advisors to review all disciplinary actions and employment terminations.			If applicable AND you Disagree , please provide details on what procedures are used to validate legal requirements are met.
10.b. The Proposer* communicates its Work Regulations containing information on its Human Resources and Health & Safety policies and procedures to all employees.			If applicable AND you Disagree , please provide details on why Work Regulations are not communicated.
10.c. The Proposer* has a written Data Protection Policy in place.			If applicable AND you Disagree , please indicate what other procedures are in place.
11. The Proposer's* directors, managers, CEO, COO, CFO, HR Manager or Legal Counsel are NOT aware of any claim or any fact / circumstance that may lead to a covered claim against the Proposer*.			If you Disagree , please provide <ul style="list-style-type: none"> • nature of the claim or fact / circumstance and how it arose; • date of the claim or fact / circumstance; • values of any payments made; • measures to prevent reoccurrence.

* including Sister Companies and subsidiaries

Signature

This document must be signed by a director, manager, CEO, COO or CFO of the Proposer, or any equivalent position.

Date	/	/	/
I declare that, after enquiry, the statements and information provided in this questionnaire, including any attachments, are true and that no material facts have been misstated, misrepresented or suppressed. I agree that this application shall form the basis of any contract of insurance effected between the Insurer and the Proposer.			
Signature			