

## Identification

Proposer's Name		Legal Form	
Enterprise Number			
Address	Street & Number		
	Postal Code	City	Country
Contact email		at the last financial year end / year 3 projection if less than 36 months	
(Consolidated) Revenues*			
Sister Association(s) to include			
Proposer's Main Activity*(NACEBEL)			
Expiring D&O policy	Insurer	Limit	Inception / /
For how long the Proposer has been established?	< 12 months	< 36 months	> 36 months

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	
1. NO directors of the Proposer* has been disqualified or left non-voluntarily in the last 5 years.			If you <b>Disagree</b> , please provide reasons for exit, date of the exit, whether any payments were made & any other additional comment.
2. The Proposer* reported a (consolidated) surplus, or if it reported a deficit it did not represent more than 10% of its total income.			If you <b>Disagree</b> , please provide: <ul style="list-style-type: none"> <li>the total amount of income &amp; expenses;</li> <li>sources of income &amp; reason for deficit;</li> <li>measures taken to reduce the deficit.</li> </ul>
3. If the Proposer* has recurring (consolidated) revenues exceeding EUR 334.500, please answer statements 3.a and 3.b.			
3.a. The Proposer* reported POSITIVE Net Worth in the latest approved financial statement.			If you <b>Disagree</b> , please provide explanation (if available) and latest annual accounts.
3.b. The Proposer's* (consolidated) Net Result in the latest approved financial statement is POSITIVE, or if it is NEGATIVE, it does not exceed 25% of Net Worth for the same period.			If you <b>Disagree</b> , 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.			If you <b>Disagree</b> , 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.			If you <b>Disagree</b> , please provide <ul style="list-style-type: none"> <li>nature of the claim or fact / circumstance and how it arose;</li> <li>date of the claim or fact / circumstance;</li> <li>values of any payments made;</li> <li>measures to prevent reoccurrence.</li> </ul>
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.			
6. The Proposer is not a <b>Foundation</b> , or if it is, it does NOT have any ownership participation in a company.			If you <b>Disagree</b> , please provide the names of, the percentage ownership and directorships in these companies and their latest annual reports.

Please complete items 7 & 8 if applicable and 9 in all cases if cover for Corporate Legal Liability is requested

## Corporate Legal Liability

Agree

Disagree

\* including Sister Associations and subsidiaries

7. If the Proposer\* has recurring (consolidated) revenues exceeding EUR 334.500, please answer statements 7.a, 7.b. and 7.c.

7.a. The Proposer's\* total employee turnover has NOT exceeded 25% in the last 12 months.

If you **Disagree**, please provide details.

7.b. 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.

7.c. The Proposer\* has received NO remarks in any Labour Inspection carried out in the last 24 months OR if it has 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.

8. If the Proposer\* has (consolidated) revenues exceeding EUR 9.000.000 or has more than 50 employees, please answer statements 8.a, 8.b and 8.c.

8.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.

8.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.

8.c. The Proposer\* has a written Data Protection Policy in place.

If applicable AND you **Disagree**, please indicate what other procedures are in place.

9. 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

- 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.

## Signature

This document must be signed by a director, 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