

D&O Application

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require extra space to complete the answers to questions contained within this application form, please continue your response on an additional sheet of paper.

Company Details

1. Insured Company: _____
2. Contact Name: _____
3. Address: _____
4. Telephone: _____ Fax: _____
5. Website: _____ Email: _____

6. Please list below the names of all subsidiary companies, including the country of registration and your proportion of ownership:

Name of Subsidiary	Country of Registration	Ownership
		%
		%
		%
		%

7. Please state when your company was established: _____
8. Please briefly describe the nature of your business activities. (If you have a brochure or company literature, please attach to this form)

9. Please state the number of employees: _____
10. Please estimate your gross revenue:
 - a. For the last complete financial year: _____
 - b. Estimated for the current financial year: _____
 - c. What % of this is expected to relate to contracts with US domiciled companies: _____

11. Are you a private limited company or partnership registered outside of the USA?

Yes No

12. Did you make a profit in the last financial year and do you anticipate making a profit in the current financial year?

Yes No

13. Do your latest report & accounts show positive net assets?

Yes No

14. Do you expect this position to change in the next 12 months?

Yes No

15. If applicable, did your accountant qualify their opinion in your latest filed annual report & accounts?

Yes No

16. Do you have any assets in the USA?

Yes No

17. Have you in the past 3 years, or in the next 12 months do you have plans to:

a. Be involved in any mergers, acquisitions or divestments? Yes No

b. Change your capital structure? Yes No

c. Raise any new equity capital? Yes No

18. Do you have systems in place to ensure that you comply with all relevant health & safety and employment regulations?

Yes No

19. Have you made any staff redundancies in the past 12 months?

Yes No

20. In the past 5 years, have you been found guilty of any criminal, dishonest or fraudulent activity, been the subject of an investigation by any official body or institution, or disqualified from acting as a director?

Yes No

21. Have you made a claim under any directors & officers, employment practices or management liability insurance, or are you aware of any claims or investigations made against you?

Yes No

22. Are you aware of any fact, circumstance or allegation which may give rise to a claim under the proposed coverage?

Yes No

23. Please give details of your current management liability insurance and of the coverage you now require:

	Current Insurance	Required Insurance
Indemnity Limit		
Deductible (Entity Cover only)		
Prior and Pending Date		
Expiry / Inception Date		

Declaration

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signature of applicant: _____

Print Name and Title: _____

Date: _____