

**Quotation Form:
Directors' and Officers' Liability**

IF NECESSARY PLEASE USE AN ADDITIONAL SHEET OF PAPER TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS

Details of Organisation

- 1.a Name of Organisation:
- 1.b Address:
Postcode:
- 1.c Turnover as at the last reported Year end: £
- 1.d Date established:
- 1.e Legal status of Organisation (e.g. Private Company):
- 1.f Business Description:

Financial History

- | | YES | NO |
|---|--------------------------|--------------------------|
| 2.a Did the Organisation show a positive net worth in the last declared report and accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.b Has the Organisation made an operating profit for two out of the last three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.c Is the Organisation intending a new public offering of securities within the next year whether in the UK or elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.d Has the Organisation any acquisition, tender offer or merger pending or under consideration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.e Is the Organisation aware of any proposal relating to its acquisition by another organisation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.f Has the Organisation any assets or subsidiaries located or shares, stock, debentures, debt instruments or commercial paper in the United States of America or Canada? | <input type="checkbox"/> | <input type="checkbox"/> |

Insurance Details

YES NO

3.a Is the Proposer organisation or any Director, Officer or employee aware, after enquiry, of any circumstances or incident which may give rise to a claim?

If yes, please give details:

3.b Have claims ever been made against any past or current Director, Officer or employee of the Organisation or its subsidiaries?

If yes, please give details:

3.C Do you have Directors and Office Insurance Cover at the present time YES/NO
Have you ever been insured for a risk of this nature YES/NO

DECLARATION

I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE, FULL ENQUIRY HAVING BEEN MADE, AND I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS AND UNDERTAKE TO INFORM THE INSURER OF ANY CHANGE TO ANY MATERIAL FACT.

I/WE AGREE THAT THIS DECLARATION TOGETHER WITH ANY OTHER INFORMATION SHALL BE THE BASIS OF ANY CONTRACT BETWEEN ME/US AND THE INSURER.

SIGNATURE OF THE PROPOSER (CHAIRMAN OR CHIEF EXECUTIVE)

NAME

FOR AN ON BEHALF OF (INSERT NAME OF FIRM/BUSINESS)

DATE

PLEASE RETAIN A COPY OF THIS COMPLETED APPLICATION FORM FOR YOUR RECORDS