



Proposal Form

Directors and Officers Liability Insurance ALL COMPANIES

IMPORTANT NOTICE TO THE APPLICANT

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. Insurers rely upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Applicant, and if so, on what terms. The Proposal Form applies to the "Applicant". The "Applicant" includes the Applicant Company, any subsidiaries and its Directors individually.

SECTION 1 – ABOUT THE APPLICANT (Please write in block capitals or cross the appropriate boxes as required)

1. Applicant Company Name:

2. Applicant is a:

Private Company Limited by Shares

Limited Partnership

Public Limited Company

Unlimited Company

Limited Liability Partnership

Other

3. Principle address: (Also include any other office locations)

4. Date established:

5. Website & contact email address:

6. Person to contact about insurance and contact telephone number(s):

7. Company registration number:

8. Applicant's principal activities:

9. Proposed inception date for policy:
(12 month policy period is assumed)

SECTION 2 – FINANCIAL STATEMENTS

The Applicant can confirm that:

10. The Applicant Company's shares (if any) are privately held (i.e. not publicly traded on any stock exchange) and they plan to remain so for the next 18 months. True False
If False to 10 above:
- a) The Applicant Company can confirm its shares are traded or expected to be traded on the Irish Stock Exchange or any other Exchange where its shares may be bought or sold. True False
- b) If True state which exchange and date (or proposed date) of initial listing: _____
11. The Applicant Company has NOT raised any funds from external parties in the past 18 months and has no plans to do so in the future. True False
If False please provide details of all fund raising including but not limited to any agreement(s) made or planned with Financial Institutions, Private Equity Firms, Venture Capitalists or other providers in the Additional Information Section.
Please also attach copies of any prospectus, shareholder agreements and/or loan documents.
12. The Applicant Company has been in continuous operation for more than 12 months. True False
If False please provide date or expected date of commencement: _____
13. No individual or entity holds 25% or more of the Ordinary Share Capital of the Applicant Company. True False
If False please provide details of shareholdings of 25% or more in the Additional Information Section.
14. The Applicant Company's latest financial statements are audited, or if not required to be audited, are prepared by a qualified accountant and are less than 18 months old. True False
If False please provide an explanation in the Additional Information Section.
15. The Applicant Company's latest financial statements are not qualified. True False
If False please attach latest financial statements
16. The Applicant Company's latest financial statements show a profit before tax. True False
If False please provide an explanation in the Additional Information Section and attach latest financial statements.
17. The Applicant Company has NOT acquired any companies or concerns since its last financial year end which have increased its total assets by 25% or more. True False
If False please provide details of all acquired companies or concerns in the Additional Information Section.
18. The Applicant Company has NO mergers or acquisitions planned. True False
If False please provide details of all mergers or acquisitions planned in the Additional Information Section.

SECTION 3 – BUSINESS STATEMENTS

The Applicant can confirm that:

19. No business(es) or other activities under the Applicant Company's past, present or planned future management or ownership involvement any activities in: True False

Commercial Airlines	Pharmaceuticals	Banking or Fund Management
Private Equity or Venture Capital	Building or Friendly Societies	National or Local Government
Sports Agency(ies)	Insurance or Reinsurance *	Lloyd's Insurance Broking
Pension Schemes – Final Salary	Tobacco	

* rather than merely as an intermediary or service provider

If False please provide details in the Additional Information Section.

20. Please provide the Applicant Company's turnover in each of the financial periods derived from clients based in each of the territories below:

Territory	Last Complete Financial Year Ended ____/____/20__	Estimate for Current Financial Year Ending ____/____/20__
ROI €		
UK - € equivalent		
USA/CAN - € equivalent		
Elsewhere* - € equivalent		
Total €		

* Provide details of turnover designated as elsewhere in the Additional Information Section.

21. The Applicant Company has NO subsidiaries, assets, directors or shareholders in the USA/Canada. True False

If False please provide full details in the Additional Information Section.

SECTION 4 – EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE)

The Applicant can confirm that:

22. The Applicant Company's employees* are based in the Republic of Ireland . True False
23. The Applicant Company's total annual payroll divided by its total number of employees* is €50,000 or less. True False
24. The Applicant Company ensures that all its existing and new employees* have a signed contract of employment. True False
25. The Applicant Company has a written grievance procedure in place for reporting complaints and harassment which is communicated to all employees*. True False
26. The Applicant Company is NOT currently undergoing or contemplating any redundancies or terminations. True False
27. The Applicant Company has NOT dismissed any employee(s)* or made any redundancies in the last six months. True False
28. The Applicant Company always consults with a human resources consultant, qualified employment consultant or a law firm specialising in employment law prior to the dismissal of any employee(s)*, making any employee(s)* redundant or carrying out any disciplinary action or suspension of an employee*. True False

SECTION 4 – EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE) (Continued)

29. None of the Applicant Company’s employees* is engaged in any activities involving: True False
- news, media or broadcasting
 - private members clubs, nights clubs or bars
 - doctors’ or cosmetic surgeries or dental practices
 - solicitors or barristers
- * Employees include part time, seasonal and volunteer workers.

If the response to any of the Statements 22 to 29 is False, please provide details in the Additional Information Section.

SECTION 5 – PREVIOUS EXPERIENCE STATEMENTS

The Applicant can confirm that:

30. The Applicant, or its Directors, Officers or Managers, are NOT aware of any claim(s) that have been made in the past, or any circumstances(s) that could give rise to a claim being made in the future, against the Applicant Company, or its Directors, Officers or Managers involving the following: True False
- its employees (including but not limited to Employment Tribunals)
 - its customers
 - its shareholders
 - its former or current Directors or Shareholders
 - Government authorities
 - Accountants, liquidators or receivers
- or any other person or entity not mentioned above.
31. None of its Directors, Officers or Managers have ever had a claim made against them or been the subject of an investigation by any government authorities, accountants liquidators or receivers. True False

Regardless of whether or not the claim(s) or circumstance(s) was/is insured or has been notified to a current or previous Insurer.

If the response to Statement 30 or 31 is False please provide details in the Additional Information Section.

SECTION 6 – SELECT LEVEL OF COVER

32. Use the table below to select the level of cover required.

All Angel Policyholders receive free legal advice from qualified solicitors on matters likely to give rise to a claim.	<u>THE ANGEL D&O POLICY*</u>	<u>PLUS CORPORATE LEGAL LIABILITY*</u>	<u>PLUS CORPORATE EMPLOYMENT PRACTICES LIABILITY*</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUESTED LIMIT			
<input type="checkbox"/> €500,000 <input type="checkbox"/> €1,000,000* <input type="checkbox"/> €2,000,000* <input type="checkbox"/> €5,000,000* <input type="checkbox"/> €10,000,000* <input type="checkbox"/> Other € _____			

* For further details of the cover available please refer to the full Policy wording and the current Significant Features document both of which are available in the “Our Products” section of the Angel Risk Management website. We recommend that appropriate professional advice is sought before purchasing this or any other insurance product.

