

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)

Ap	plicant Company Name:		
Ap	plicant is a:		
	Private Company Limited by Shares		Limited Partnership
	Public Limited Company		Unlimited Company
	Limited Liability Partnership		Other
Pri	inciple address: (Also include any other office locations)		
Da	ate established:		
We	ebsite & contact email address:		
Pe	erson to contact about insurance and contact telephone number(s):	
Co	ompany registration number:		
Ap	plicant's principal activities:		
– Pro	oposed inception date for policy: 2 month policy period is assumed)		



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SECTION 2 – FINANCIAL STATEMENTS

The A	pplica	nt 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. If False to 10 above:		True False
	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.		pplicant Company has NOT raised any funds from external parties in the past 18 months and has ns to do so in the future.	True False
	planne	e please provide details of all fund raising including but not limited to any agreement(s) made or ed with Financial Institutions, Private Equity Firms, Venture Capitalists or other providers in the onal Information Section.	
	Please	e also attach copies of any prospectus, shareholder agreements and/or loan documents.	
12.	The A	pplicant Company has been in continuous operation for more than 12 months.	True False
	If Fals	e please provide date or expected date of commencement:	
13.	No inc	lividual or entity holds 25% or more of the Ordinary Share Capital of the Applicant Company.	True False
	If Fals	e please provide details of shareholdings of 25% or more in the Additional Information Section.	
14.		pplicant Company's latest financial statements are audited, or if not required to be audited, are red by a qualified accountant and are less than 18 months old.	True False
	If Fals	e please provide an explanation in the Additional Information Section.	
15.	The A	pplicant Company's latest financial statements are not qualified.	True False
	If Fals	e please attach latest financial statements	
16.	The A	pplicant Company's latest financial statements show a profit before tax.	True False
	If Fals	e please provide an explanation in the Additional Information Section and attach latest financial nents.	
17.		pplicant Company has NOT acquired any companies or concerns since its last financial year end have increased its total assets by 25% or more.	True False
	If Fals	se please provide details of all acquired companies or concerns in the Additional Information n.	
18.	The A	pplicant Company has NO mergers or acquisitions planned.	True False
	If Fals	se please provide details of all mergers or acquisitions planned in the Additional Information n.	

SECTION 3 – BUSINESS STATEMENTS

The A	applicant can confirm that:				
19. No business(es) or other activities under the Applicant Company's past, preser management or ownership involvement any activities in:			past, present or planned future	True False	
	Commercial Airlines	Pharmaceuticals	Banking or Fund Management		
	Private Equity or Venture Capita	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 intern	nediary 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 End		cial Year Ending	
	ROI€				
	UK - € equivalent				
	USA/CAN - € equivalent				
	Elsewhere* - € equivalent				
	Total €				
21.	The Applicant Company has NC	ignated as elsewhere in the Additional subsidiaries, assets, directors or shall s in the Additional Information Section	reholders in the USA/Canada.	True False	
SECT	ION 4 – EMPLOYMENT PRACTI	CES STATEMENTS (OPTIONAL CO	VERAGE)		
The A	applicant can confirm that:				
22.	The Applicant Company's emplo	yees* are based in the Republic of Ire	eland .	True False	
23.	The Applicant Company's total less.	annual payroll divided by its total nur	mber of employees* is €50,000 or	True False	
24.	The Applicant Company ensure employment.	es that all its existing and new emplo	byees* have a signed contract of	True False	
25.	The Applicant Company has a harassment which is communicated	a written grievance procedure in pla sted to all employees*.	ace for reporting complaints and	True False	
26.	The Applicant Company is terminations.	NOT currently undergoing or cont	emplating any redundancies or	True False	
27.	The Applicant Company has NC months.	T dismissed any employee(s)* or mad	de any redundancies in the last six	True False	
28.	consultant or a law firm specia	s consults with a human resources dising in employment law prior to the undant or carrying out any discplin	e dismissal of any employee(s)*,	True False	

SECTION 4 – EMPLOYMENT P	RACTICES STATEMENTS (OPT	IONAL COVERAGE) (Continue	d)
 news, media or broade private members clubs doctors' or cosmetic s solicitors or barristers 	-		True False
If the response to any of the Stat	ements 22 to 29 is False, please	provide details in the Additional l	nformation Section.
SECTION 5 – PREVIOUS EXPE	RIENCE STATEMENTS		
The Applicant can confirm that	! :		
been made in the past, o	ctors, Officers or Managers, are Nor any circumstances(s) that could plicant Company, or its Directors	d give rise to a claim being mad	e in
 its employees (includir 	ng but not limited to Employment	Tribunals)	
 its customers 			
 its shareholders 			
 its former or current D 	irectors or Shareholders		>
 Government authoritie 	es		
 Accountants, liquidato 	rs or receivers		
or any other person or	entity not mentioned above.		
the subject of an invest receivers.	cers or Managers have <u>ever</u> had tigation by any government autor or not the claim(s) or circumstate or evious Insurer.	thorities, accountants liquidators	s or
If the response to Statement 30 c	or 31 is False please provide deta	ils in the Additional Information S	Section.
SECTION 6 - SELECT LEVEL (OF COVER		
32. Use the table below to se	lect the level of cover required.		
All Angel Policyholders receive free legal advice from qualified solicitors on matters likely to give rise to a claim.	THE ANGEL D&O POLICY*	PLUS CORPORATE LEGAL LIABILITY*	PLUS CORPORATE EMPLOYMENT PRACTICES LIABILITY*
REQUESTED COVERAGE			
REQUESTED LIMIT			
□ €500,000	00*	000,000*	☐ Other €
both of which are available in t	ver available please refer to the the "Our Products" section of the pefore purchasing this or any othe	Angel Risk Management website	

SECTION 6 – SELECT LEVEL OF COVER (Continued) Yes 🗌 No 🗌 33. Does the Applicant currently have the same or similar insurance in place? If Yes please provide the following details: Type of Cover: Insurer: Limit: Renewal Date: **ADDITIONAL INFORMATION**

ADDITIONAL INFORMATION
Note: Additional information is subject to further consideration by the Insurer. Use separate sheet if necessary
PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION
Similar to other professional insurances, the Angel Directors and Officers Liability Policy is underwritten on what is known as a 'claim made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notifice to the Insurers during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insure to insurer. It is therefore important the Applicant ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.
Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised and regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG.
DATA PROTECTION
By signing this Proposal Form the Applicant consents to the Insurer or its representatives using the information Insurers may ho about the Applicant for the purpose of providing insurance and handling claims and to process sensitive personal data about the Insured where this is necessary in compliance with the provisions of the Data Protection Act 2018 (DPA 2018). This may necessital providing such information to third parties.
MATERIAL FACTS
All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the conta of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptant or assessment of the risk by Insurers. If the Applicant is in any doubt as to what constitutes a material fact they should consult the insurance broker.
DECLARATION
The undersigned declares on behalf of the Applicant that to the best of their knowledge and belief the statements provided herein a true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the proposal form together with any other information supplied shall form the basis of any subsequent contract of insurance are undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance are accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign the Proposal Form on behalf of the Applicant.
☐ More information is attached to this Proposal Form
Signature: Dated:
Print Name: Position*:

^{* (}Must be Chairman, Managing Partner, Managing Director or other Director responsible for insurance)