



PROPOSAL FORM FOR DIRECTORS' & OFFICERS' LIABILITY AND COMPANY REIMBURSEMENT INSURANCE

Completing the Proposal Form

- * Please answer ALL questions in full leaving no blank spaces.
- * If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

Directors' & Officers' Liability and Company Reimbursement Coverage is written on a claims made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during the policy period. Please note that the defence costs provision of this policy stipulates that the limits of liability may be completely exhausted by the cost of legal defence. Any deductible may be similarly reduced or exhausted by defence costs.

PLEASE READ THE POLICY CAREFULLY

1. GENERAL INFORMATION

- (a) **Principal Organisation:** _____
- (b) **Principal Address:** _____
- (c) **Nature of Activities:** _____

- (d) How long has the **Principal Organisation** continuously carried on business? _____
- (e) Names and dates under which the business was formerly carried on: _____
- (f) When and where is the **Principal Organisation** incorporated? _____

2. OWNERSHIP

- (a) Is the **Principal Organisations:** Private? Yes No Public? Yes No
- (b) Please list stock exchange on which the **Principal Organisation** or its subsidiaries is presently listed.

- (c) Name and percentage of holdings of any shareholder owning 5% or more of the ordinary shares of the **Principal Organisation** (directly or beneficially): _____



3. NORTH AMERICAN OPERATIONS

*This section is only to be completed if the **Principal Organisation** or its subsidiaries conduct any business in North America, or have any shares traded on a stock exchange in the United States of America.*

(a) Please give the total gross assets of the North American subsidiaries:

(b) Does the **Principal Organisation** or any of its subsidiaries have any stock, shares or debentures in North America? Yes No

If yes, on what date was the last offer made?

(c) Does the **Principal Organisation** issue American depository receipts in the United States of America? Yes No

Note: If yes a separate proposal form will need to be completed.

4. OUTSIDE DIRECTORSHIP COVERAGE

Does the **Principal Organisation** require cover for any **Outside Directorships**? Yes No

If yes, please provide details of any **Outside Directorships**.

(An **Outside Directorship** is a position held as a director, officer, trustee, governor, councillor, secretary or equivalent position of a company or other entity which is not a **Subsidiary** company of the **Principal Organisation** named above, which position is held with the KNOWLEDGE and CONSENT or at the SPECIFIC REQUEST of the **Principal Organisation**).

Note: Please do not provide information for **Outside Directorships** on non-profit organisations as these are automatically covered.

Information on each **Outside Directorship** must include the following:

- (a) Name of **Outside Entity**.
- (b) Nature of activities of the **Outside Entity**.
- (c) Does the **Outside Entity** currently carry directors and officers insurance? Yes No
 If the answer is yes then:
 - (i) Who is the insurer?
 - (ii) What is the limit of indemnity?
 - (iii) What is the deductible?
- (d) % ownership by **Principal Organisation**.
- (e) Name and the percentage ownership of each entity which holds 5% or more of the share capital of the **Outside Entity**.
- (f) Country of incorporation.
- (g) Type of entity (e.g. Public, Private, Trustee etc).

PLEASE ATTACH LATEST FINANCIAL REPORTS OF EACH OUTSIDE ENTITY



5. ANNOUNCED CHANGES

- (a) Has the **Principal Organisation** publicly revealed that it has under consideration at the present time any acquisitions, tender offers or mergers? Yes No
- (b) Are there at the present time any proposals of which the **Principal Organisation** is aware relating to its acquisition by any other company? Yes No
- (c) Has the **Principal Organisation** publicly announced its intention to make any new public offering of securities within the next year? Yes No
If yes, please give details: _____
- (d) Please give details of any change to the list of directors and officers given in the **Principal Organisation's** last annual report and accounts: _____

6. PRIOR INSURANCE

- (a) Has the **Principal Organisation** ever been refused this type of cover or had a similar policy cancelled? Yes No
If yes, please provide details: _____
- (b) Does the **Principal Organisation** or a **Subsidiary** currently have directors and officers liability insurance? Yes No

If no, skip to Section 8 and answer the warranty statement. If yes provide the following:

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

- (c) Has the **Principal Organisation**, a **Subsidiary** or any **Insured Person** given written notice under the provisions of any prior or current directors and officers liability policy of specific facts or circumstances which might give rise to a claim being made against any **Insured Person**? Yes No
If yes, attach details.
- (d) Have any loss payments been made on behalf of any **Insured** under any directors and officers liability policy or similar insurance? Yes No
If yes, attach details.

(e) Has there been or is there now pending against:

- (i) any director or officer of the **Principal Organisation**; or,
- (ii) an **Outside Director** requesting cover on an **Outside Entity**,

a **Claim** against them in their capacity as such?

Yes No

If yes, attach details.

7. CONTINUITY WITH PRIOR COVERAGE

Note: This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested _____

If continuity of coverage is requested:

- (a) attach a copy of the prior proposal with which continuity of coverage is to be maintained.
- (b) the Company will be relying upon the declarations and statements contained in such prior proposal and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

8. PRIOR KNOWLEDGE/WARRANTY

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted, or if there is no prior coverage. In addition, this section need not be completed if this proposal forms part of a renewal of a current Lonpac Insurance Bhd directors' and officers' liability insurance policy.

Is any person proposed for coverage cognisant of any facts or circumstances (a) which he or she has reason to suppose might afford valid grounds for any future **Claim(s)** such as would fall within the scope of the proposed coverage or (b) which indicate the probability of any such **Claim(s)**? Yes No

If yes, please give details: _____

It is agreed that if such facts or circumstances exist, any **Claim** or action arising therefrom is excluded from this proposed coverage.

9. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

10. **REQUESTED LIMIT:** _____



11. ADDITIONAL INFORMATION

Please enclose with this proposal form:

- (a) The last two Audited Annual Reports.
- (b) The last two Interim Statements (if applicable).

12. DECLARATION AND SIGNATURE

The undersigned authorised officer of the **Principal Organisation** declares that to the best of his or her knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the **Principal Organisation** to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the **Principal Organisation**, acknowledge that the Statutory Notice contained herein has been read and understood.

IMPORTANT

“Statement Pursuant to Section 24(4) of the Insurance Act, CAP.142”. You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Signed: _____ Date: _____

Title:

Chairman of the Board or Managing Director Only