

DirectorXpress Proposal Form

Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper. Whilst we ask for your website address this in no way derogates from your duty of utmost good faith in answering this proposal form. Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information. The completion and signature of this proposal does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

General Information

Please answer all questions

1. Proposer

(Proposer is defined as the corporate entity the policy shall be issued to, including any of its subsidiary companies for which cover is required under the policy, and their insured persons.)

2. Registered address
Postcode

3. In what year was the Proposer's business established?

4. (a) Legal status of Proposer
- | | |
|--|--|
| <input type="checkbox"/> Privately owned company | <input type="checkbox"/> Non-profit organisation |
| <input type="checkbox"/> Publicly owned company | <input type="checkbox"/> Other |
| <input type="checkbox"/> Charity organisation | |

(b) Please describe the business activities of the Proposer

5. (a) Please confirm the turnover at the last completed financial year £

(b) Did the Proposer show a positive net worth in the last completed financial year? Yes No

(c) Has the Proposer made a profit before tax in the last completed financial year? Yes No

6. (a) In the last three years has the Proposer undergone, or is the Proposer intending (within the next year) a new public offering of securities whether in the UK or elsewhere? Yes No

If "Yes" please provide full details

(b) Has the Proposer any acquisition, tender offer or merger pending or under consideration? Yes No
 If "Yes" please provide full details

(c) Is the Proposer aware of any proposal relating to its acquisition by another organisation? Yes No
 If "Yes" please provide full details

(d) Is the Proposer a subsidiary of any other organisation? Yes No
 If "Yes" please provide full details

7. (a) Does the Proposer have any subsidiaries located outside the UK or the USA or Canada for which cover is required? Yes No
 If "Yes" please complete question 7b. Otherwise go to question 8a.

(b) Please state the names, country locations and the last declared turnovers for each subsidiary to be included in the cover

Subsidiary	Country	Turnover

8. (a) Does the Proposer have any subsidiaries located within the USA or Canada for which cover is required? Yes No
 If "Yes" please complete questions 8b, c and d. Otherwise go to question 9a.

(b) Please state the names, locations (ie. USA or Canada) and last declared turnovers for each subsidiary to be included in the cover

Subsidiary	Country	Turnover

(c) For any subsidiaries in the USA or Canada which are not wholly owned by the Proposer, please state the Proposer's percentage interest in each and identify who owns the minority stock

Subsidiary	Proposer's shareholding	Owner of the minority stock
	%	
	%	
	%	
	%	

(d) Does the Proposer or any of its subsidiaries have any stock, debentures or any debt instruments or commercial paper publicly traded in the USA or Canada? Yes No

If "Yes" please provide full details

9. (a) Does the Proposer require Corporate Liability Cover? Yes No

(b) Does the Proposer require Employment Practices Liability Cover? Yes No

If "Yes" please answer questions 1-6 below. Otherwise, please proceed to Claims Information

Employment Practices Liability Cover

1. Total number of persons currently employed by the Proposer?

2. Is there an internal Human Resources (HR) Department? Yes No

If "No" how is the HR function performed?

- Provided by external HR service
- Provided by external solicitor
- Company director / manager with HR qualification
- Other

If "Other" please describe how the HR function is performed

3. Does the Proposer have a written HR procedures manual in place and is it regularly reviewed / updated? Yes No

4. Does the Proposer issue a written employee handbook to all employees containing information on your HR policies and procedures? Yes No

5. Please review the following list of employee-related matters which can potentially cause disputes:

- Recruitment process
- Sex or other legally prohibited discrimination
- Redundancy, termination of employment and early retirement
- Employee disciplinary actions (including grievance procedures)
- Compliance with employment and related laws
- Employee out-placement services
- Employee appraisals and reviews
- Medical examinations

Please confirm that it is the Proposer's management policy to ensure that decisions in these areas are referred to:

- | | |
|--|--------------------------|
| Internal HR department | <input type="checkbox"/> |
| External HR advisor | <input type="checkbox"/> |
| External solicitor | <input type="checkbox"/> |
| Company director / manager with HR qualification | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

6. Is the Proposer currently undergoing any redundancies or early retirements, or has announced any for the coming 12 months?

Yes No

If "Yes" please provide full details



1. Have any claims ever been made against the Proposer in respect of the proposed covers?

Yes No

If "Yes" please provide full details

2. Is the Proposer aware, after enquiry, of any circumstances or incident which may give rise to a claim?

Yes No

If "Yes" please provide full details

Important

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.

Declaration

Must be signed by a Director or Company Secretary

I/we declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/we agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/we also declare that if any information on this proposal has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/we agree that this proposal and declaration shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

Data Protection Act

Travelers Insurance Company Limited will collect certain information about individuals within or connected to your company and any subsidiaries ("data subjects") in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, preventing and detecting fraud, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters or agents for these and other purposes. This may involve its transfer to countries which do not have data protection laws.

Some of the information we collect may be classified as 'sensitive' - that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information.

Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at Exchequer Court, 33 St. Mary Axe, London EC3A 8AG.

By signing this proposal form you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.

Signature of the proposer
(Director or Company Secretary)

Print name and position held

For and on behalf of
(Insert name of Company/Firm)

Date

NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.

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