



## MANAGEMENT LIABILITY

NOTICE: This is a proposal for a claims-made policy. The policy for which this proposal is made, subject to its terms & conditions, is limited to liability for acts for which claims are first made during the period of insurance and duly purchased discovery period. You must disclose in this application fully, all facts which you know or ought to know otherwise the policy may be void.

### 1 GENERAL INFORMATION

Name of the Company:

Principal Address:

Website:

E-mail Address:

Business activities of the Company & its subsidiaries:

Date of establishment:

Total revenue:

Has the Company operated under a different name and/or changed country of registration within the last five 5 years? (If Yes, give details)  Yes  No

### 2 DETAILS OF OWNERSHIP

a. Is the Company:  Public  Private  Non-Profit

b. Are the shares of the Company, or any of its subsidiaries, publicly traded?  Yes  No  
If Yes, please specify all exchanges on which they are listed:

c. Total number of shares owned directly, indirectly or beneficially by Directors and Officers:

d. Are there any shareholders owning directly, indirectly or beneficially 10% or more of the shares?  Yes  No  
If Yes, give details:

e. Are there any plans for mergers, acquisitions, tender offer, buy out or change in equity structure in the past 5 years or planned for the next 12 months.  Yes  No

f. Plans to sell or distribute any assets or stocks, other than in the ordinary course of business?  Yes  No  
If Yes, give details:

### 3 EMPLOYMENT PRACTICES

Please state in respect of the Applicant in the total

Number of Staff	Domestic	GCC	USA	Other
Permanent Employees				
Directors and Officers				
Temporary staff and outsourced employee roles				

What has been the approximate annual percentage turnover rate of employees (all locations) during the past 3 years?	<input type="checkbox"/> Year 1 _____ %	<input type="checkbox"/> Year 2 _____ %	<input type="checkbox"/> Year 3 _____ %
Is the applicant currently undergoing, or contemplating undergoing during the next 12 months, any employee layoffs or retrenchments including one resulting from any type of company restructure or office closure? (if yes, please provide full details on a separate sheet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the applicant have a Human Resources Department? (If No, please provide full details of how this function is handled on a separate sheet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the applicant have a Human Resources manual or equivalent written management guidelines that address issues such as sexual harassment, employee disciplinary actions, terminations and layoffs? (If No, please provide full details of how are these issues are handled and by whom on a separate sheet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

#### 4 FINANCIAL POSITION OF THE COMPANY

a. Are you aware of facts or circumstances that might affect your ability to meet debt obligations when they arise ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are any significant accounting practices particularly revenue recognition anticipated to change within the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Do you have a positive net worth ie do your assets exceed your liabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is your net income expected to exceed your expenditure in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 5 PREVIOUS INSURANCE

Has the Company, or any subsidiary, previously held, or have they now, any Directors and Officers Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide complete details including date from which coverage continuously purchased:		
Has any Insurer cancelled or refused to renew any Directors and Officers Liability Insurance within the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details:		

#### 6 PREVIOUS EXPERIENCE

a. Has the Company, or anyone for whom this insurance is intended, been involved in the following:		
- any antitrust, copyright or patent litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- any civil or criminal action or administrative proceeding alleging a violation of any laws relating to the sale or purchase of any shares Investments or securities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- any representative actions, class actions, or derivative suits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above, please attach details:		
b. Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes attach complete details:		
c. Has anyone for whom this insurance is intended aware of any fact(s) or circumstance(s) which may give rise to a claim being made against the Company and/or any Director and/or Officer?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes attach complete details:		

## 7 INFORMATION REQUESTED

As an attachment to this Proposal Form, please include the following (where applicable):

- Most recent Report and Accounts
- Latest available interim financial statements

## 8 DECLARATION

The undersigned declares that to the best of his or her knowledge and belief, the statements contained in, and attached to, this proposal form are true. It is understood and agreed that the statements made in this proposal, or any additional information provided, are material to the acceptance of the risk assumed by the Insurer and that any insurance subsequently provided is issued in reliance upon the truth of those statements.

Signing of the proposal form does not bind the undersigned to complete this insurance, but it is agreed that this proposal shall be retained on file by the Insurer and shall be incorporated into and form part of the policy of insurance should it be issued.

Signature: (Chief Executive Officer or Chairman of the Board)

Date: DD/MM/YYYY

### AXA Insurance (Gulf) B.S.C. (c)

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Registered in the Insurance Companies Register - Certificate N. (69) dated 20/01/2002 Subject to the provisions of Federal Law No. (6) of 2007 concerning the establishment of Insurance Authority and organization of its work.

Agents: The Kanoo Group

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