

SUPPLEMENTARY APPLICATION FORM

1. Are you a private limited company or partnership registered outside of the USA? Yes No
2. Did you make a profit in the last financial year and do you anticipate making a profit in the current financial year? Yes No
3. Do your latest report & accounts show positive net assets? Yes No
4. Do you expect this position to change in the next 12 months? Yes No
5. If applicable, did your accountant qualify their opinion in your latest filed annual report & accounts? Yes No
6. Do you have any assets in the USA? Yes No
7. Have you in the past 3 years, or in the next 12 months do you have plans to:
 - a. Be involved in any mergers, acquisitions or divestments Yes No
 - b. Change your capital structure Yes No
 - c. Raise any new equity capital Yes No
8. Do you have systems in place to ensure that you comply with all relevant health & safety and employment regulations? Yes No
9. Have you made any staff redundancies in the past 12 months? Yes No
10. In the past 5 years, have you been found guilty of any criminal, dishonest or fraudulent activity, been the subject of an investigation by any official body or institution, or disqualified from acting as a director? Yes No
11. Have you made a claim under any directors & officers, employment practices or management liability insurance, or are you aware of any claims or investigations made against you? Yes No
12. Are you aware of any fact, circumstance or allegation which may give rise to a claim under the proposed coverage? Yes No

If you have ticked any of the shaded boxes, please explain in the box below (and continue on a separate sheet if necessary):

13. Please give details below of your current management liability insurance and of the cover you now require:

	Current Insurance	Required Insurance
Indemnity Limit		
Deductible (Entity Cover only)		
Prior and Pending Date	DD / MM / YY	DD / MM / YY
Expiry / Inception Date	DD / MM / YY	DD / MM / YY

DECLARATION

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract.

Full Name:

Signature:

Position held at Insured:

Date:

DD / MM / YY