CONSILIUM

PROFESSIONAL & EXECUTIVE RISK SOLUTIONS

INDEPENDENT NON-EXECUTIVE DIRECTORS' D&O INSURANCE PROPOSAL FORM

www.consiliumbroking.com

1. Insured Name:

2. Contact First and Last Name:

3. Contact email:

4. Full Address:

5. Phone Number including code:

6. Do you require coverage for any positions held on any Exchange Traded Entity (An Exchange Traded Entity is an entity whose securities are publicly traded (wholly or in part) on a stock exchange in any jurisdiction.) ◯ YES ◯ NO

   If Yes, please provide further information.

7. If a similar insurance to that now proposed had been or were now in effect, would any claim which has been made or which is now pending against you for insurance have fallen within the scope of such insurance? (Has there been any incidents or claims against the directors of a company, which would have fallen under this Directors' and Officer's policy?) ◯ YES ◯ NO

   If Yes, please provide further information.

8. Have you ever been the subject of an investigation by a regulatory body? ◯ YES ◯ NO

   If Yes, please provide further information.

9. Have you ever been subject to a disciplinary action or been fined or penalised? (By a regulatory body relation to your profession or a company (not parking or speeding fines). ◯ YES ◯ NO

   If Yes, please provide further information.

10. Have you ever been banned or prohibited from holding Company Directorships? ◯ YES ◯ NO

    If Yes, please provide further information.

11. Are you aware, AFTER ENQUIRY, of any circumstances or incident which you have the reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed insurance? (You are required to actively inquire to your company as to whether there are any outstanding incidents, notifications or claims.) ◯ YES ◯ NO

    If Yes, please provide further information.

12. Please confirm your current day to day position:

13. Does any company you are a board member of have total assets over USD50mn? ◯ YES ◯ NO

14. Do you confirm that none of your board positions involve cryptocurrency, gambling, mining, pharmaceuticals, cannabis, or are held at a U.S - registered company or a financial institution? ◯ YES ◯ NO

15. Please confirm your jurisdiction:

    ◯ Worldwide

    ◯ Worldwide including USA

    ◯ Worldwide including USA but no US exposure

16. Would you like an option for: ☐ Aggregate ☐ Any One Claim

17. Board Position Information

Name of Company	Position Held	Company Activity

18. I declare that the above answers, statements, particulars and additional information are true to the very best of my knowledge and belief. After full enquiry, I also confirm that I have disclosed all information and material facts that may alter the Underwriters' view of the risk, or affect their assessment of the exposures they are covering under the Policy.

◯ AGREE ◯ I DON'T AGREE

Name:

Job Title:

Date:

Signature:

CONSILIUM

[CON0740] 1.0 0926

The Monument Building
11 Monument Street
London EC3R 8AF

T +44 (0) 203 818 8060

E talktous@consiliumbroking.com

W consiliumbroking.com

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