

## Directors & Officers Liability Insurance Application Form

### IMPORTANT NOTICE

This Application Form must be completed and signed by a Principal, Partner, or Director of the Proposer(s). The person completing and signing the Application Form should be authorised by the Proposer(s) to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

You must give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management or those responsible for arranging this insurance, know or ought to know following a reasonable search.

You must take care in completing this form by ensuring that all information provided is correct, accurate and complete.

All questions must be answered to enable a quotation to be given.

Completing and signing this Application Form does not bind the Proposer(s) or LMIS Global (Europe) BV to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this Application Form (please indicate section number).

**A copy of this Application Form should be retained by you for your own records.**

<b>Section 1 – Your Company</b>		
<b>Section 1.1. – Your Company</b>		
Company Name: (including any additional trading names):		
Address:		
Post Code/Zip Code:		
Email:		
Telephone Number:		
Website Address:		
Company Registration Number:		
When was your company established:		
Country of incorporation/registration:		
Is the company a subsidiary of a foreign parent:	Yes	No
<b>Section 1.2. Turnover</b>		
Turnover in last financial year (total for all group companies to be insured)		
<b>Section 1.3. Your Business Activity</b>		
Please describe your company's activities below:		
<b>Is your company:</b>		
Public	Private	Charity or Association
If 'Public', please specify where shares are listed?		



#### Section 1.4. History

During the last three years has:

a. the name of the parent company changed?	Yes	No
b. any acquisition or merger taken place?	Yes	No
c. any subsidiary company been sold or ceased trading?	Yes	No
d. the capital structure of the parent company changed?	Yes	No

If 'Yes' to any of the above, please give details:

#### Section 1.5. Acquisitions/ mergers (companies)

a. Has the company any offer, acquisition or merger pending or under consideration?	Yes	No
b. Is the company aware of any proposal relating to its acquisition by another company?	Yes	No
c. Is the company planning any new public or private offering of securities within the next year?	Yes	No

If 'Yes' to any of the above, please give details:

d. Please detail any acquisitions or created subsidiaries since the last published report and accounts?

### Section 1.6. Directors

Have any directors of the company resigned or been replaced in the last 12 months?

Yes

No

If **Yes**, please give details including reason for departure:

### Section 1.7. Share Ownership

Please list:

a. Total number of shareholders:

b. Total number of shares issued:

c. Do you have any shareholders who hold more than 15% of the ordinary shares?

Yes

No

If **Yes**, please give details

## Section 2 – Your Policies and Procedures

### Section 2.1 Corporate Governance

Does your company comply with the EU or UK Corporate Governance Codes?

Yes

No

If **No**, please advise exceptions:

### Section 2.2 Accounting Policies

a. Have any adverse comments been raised by any regulatory body or auditor in the last three years?

Yes

No

If **Yes**, please give details:

b. Does the company anticipate having to restate its earnings for any previous year or take a one-time charge in the next 12 months?	Yes	No
If <b>Yes</b> , please give details:		
<b>Section 2.3. Health and safety policies</b>		
a. Does the company have a written health and safety policy?	Yes	No
b. Is the Policy distributed/made available to all new and existing employees?	Yes	No
c. Have your health and safety policies been reviewed within the last 12 months?	Yes	No
d. Have all recommendations on health and safety procedures been complied with?	Yes	No
If <b>No</b> , to any of the above, please provide alternative procedure in place now:		
<b>Section 2.4 Segregation of Duties</b>		
Are all duties segregated so that at least dual control exists on signing cheques (above £2,500), issuing instructions for disbursement of assets or funds, fund transfer procedures and investments?	Yes	No
If <b>No</b> , please advise alternative procedure in place:		



## Section 3 – Employee Information

### Section 3.1 Number of Employees

	UK/Ireland	EU	USA	Rest of World
Total number of employees (full and part time)?				
Number of Principals, Partners, or Directors:				
Number of other professionally qualified staff:				
Number of non-technical or administrative staff				
Number of other staff (please specify):				
Number of part time employees:				
Number of independent contractors/consultants:				
Number of employees (including directors) with salaries up to £50,000				
Number of employees (including directors) with salaries above £50,000				

### Section 3.2 Employee departures

a. How many employees (including directors) have left the company (voluntarily or non-voluntarily) in the last 12 months?		
b. Do you anticipate that the company will make any redundancies in the next 12 months?	Yes	No

If **Yes**, please give details:

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### Section 3.3 Human resources management

a. Does the company have a Human Resources department?	Yes	No
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If **Yes**, how many employees work in this department?

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b. Does each of the company's locations have a dedicated Human Resources function?	Yes	No
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If **No**, please advise how issues are handled in each location:

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c. Does the company have a written Human Resources manual or equivalent written management guidelines?	Yes	No
d. Does the company have a written employee handbook or procedure manual?	Yes	No
If <b>Yes</b> , please advise date of publication, latest update, responsibility for, and how often updated and means of distribution to managerial and all other employees:		
e. Please confirm if the manual/handbook contains written procedures in place with respect to the following:		
i. recruitment / termination?	Yes	No
ii. discrimination / harassment?	Yes	No
iii. employee discipline procedures?	Yes	No
iv. confidential treatment of employee information?	Yes	No
v. compliance with employment related statutes?	Yes	No
vi. employee complaints / whistle-blower procedures?	Yes	No
If <b>No</b> , to any of the above, please advise of any alternative procedure in place:		
<b>Section 3.4 Prospective employees</b>		
a. Are all prospective employees required to complete a written employment application prior to employment?	Yes	No
b. Are all offers of employment reviewed by your Human Resources team?	Yes	No
c. Is there a formal induction/orientation programme for new employees?	Yes	No
d. Are regular, written performance evaluations completed for and provided to all employees?	Yes	No



If <b>No</b> , to any of the above, please advise alternative procedure in place:		
<b>Section 3.5 Disciplinary action</b>		
Is any disciplinary action or employee termination subject to prior review and approval by your Human Resources team?	Yes	No
If <b>No</b> , to any of the above, please advise alternative procedure in place:		
<b>Section 3.6 Legal department</b>		
Does the company have a legal department?	Yes	No
If <b>Yes</b> , please advise if/when they are involved in human resources issues:		
<b>Section 3.7 External advice</b>		
Does the company utilise external human resources, health and safety or legal assistance?	Yes	No
If <b>Yes</b> , please advise give details:		
<b>Section 3.8 Auditor Information</b>		
Does the company carry out regular internal audits?	Yes	No
If so, what is the frequency?		
Has the company appointed an external auditor?	Yes	No





What audits type of audits are carried out:					
Internal	External	Financial	Compliance	Operational	
Has the Applicant changed external auditors in the last 3 years?				Yes	No
Have the external auditors stated there are any material weaknesses in the Applicant's systems of internal controls? <i>If Yes, please attach an explanation and provide external auditor report to Management and Management's response.</i>				Yes	No
Has the Applicant implemented all material recommendations of the auditor?				Yes	No

## Section 4 - Cover requirements

**All companies must complete this section**

Name of Current Insurer					
Name of Current Broker					
Renewal Date					
Current Limit of Indemnity (state currency)					
<b>What limit of indemnity is required?</b>					
£/€ 500,000		£/€ 1,000,000		£/€ 3,000,000	£/€ 5,000,000
<b>Other – please specify:</b>					
<b>Premium (state currency)</b>					
<b>Excess (state currency)</b>					
Has the company or any director, officer or employee ever been refused similar cover or had a similar policy cancelled or special terms imposed:				Yes	No
If <b>Yes</b> , please give details:					
Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under this coverage?				Yes	No
With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.					

## Section 5 – Your Claims History

**Full enquiry should be made prior to answering these questions.**

a. In the last five years, has the company or any employee been subject to any regulatory investigation?	<b>Yes</b>	<b>No</b>
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b. Have there been any employment practices claims over the past three years?	<b>Yes</b>	<b>No</b>
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If **Yes**, to any of the above, please provide full details, including information regarding the type of investigation / claim; the parties involved; and any settlement or final determination of the investigation / claim. Please use a separate page if necessary:

c. In the last five years, have there been any claims and/or investigations made against the company or its directors or employees which may have been covered by this policy had it been in force?	<b>Yes</b>	<b>No</b>
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If **Yes**, please provide full details, including information regarding the type of investigation / claim, the parties involved and any settlement or final determination of the claim / investigation: Please use a separate page if necessary.

d. After enquiry, are any of the directors or employees of the company aware of any fact, circumstance, allegation, or incident which may give rise to a claim or investigation under the proposed policy?	<b>Yes</b>	<b>No</b>
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If **Yes**, please provide full details:



## Section 6 – Insurance Declaration

### Section 6.1 Material Information

**Please provide us with any information which may be relevant to our consideration of your proposal for insurance. If you have doubt over whether something is relevant, please let us have details.**

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

By signing this application form, you consent to LMIS using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean LMIS has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third-party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by LMIS as set out above.

The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. You or other related to your policy may have the right to apply for a copy of this information (for which LMIS may charge a small fee) and to have any inaccuracies corrected.

Date:

Signature of director / officer/ board member / senior manager:

Name of director / officer / board member / senior manager:

