

**DIRECTORS AND OFFICERS (D&O) & CYBER RISK LIABILITY
 FOR SMES (SMALL & MEDIUM ENTERPRISES)**

PROPOSAL FORM (REQUIRED FOR LIMITS OF INDEMNITY ABOVE R5M)

IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

1) BROKERS DETAILS

Name of Company	
Contact Person	
Telephone Number	
E-Mail	

2) INSURED'S DETAILS

Name of Company	
Trading Name	
Date business was established	
Registration Number	
VAT Number	
Physical Address	
Postal Address (incl. postal code)	
Business Description	
Telephone Number	
E-Mail	

3) DIRECTORS INSURANCE HISTORY

Director's Current Liability Insurance	
Insurer	
Limit	
Retro-active date	
Has any insurance of this nature ever been cancelled by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	
Have any claims ever been notified under the Directors' Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	
Are there any pending or prior claims or circumstances against anyone who will be covered under this insurance in their capacity as Director of this or any other Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	
Has the Company or any of its Directors been involved in any of the following:	
Anti-competitive behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any wilful breach of trust or wilful misconduct proceedings	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been ineligible or disqualified from holding a fiduciary position	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exceeded their authority	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment related dispute	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	

4) COMPANY TURNOVER

Last Financial Year	R
Anticipated for New Financial Year	R
*** Please provide a copy of your latest Annual Financial Statement	

5) COMPANY FINANCIAL DETAILS

The Company's annual turnover is less than R50m	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Company's gross total assets is less than R100m	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Company is running at a profit	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Company's Assets exceed its Liabilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
The Company is in a position of Positive Equity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any claims ever been made or intimated against any of the Directors whether insured or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any Directors & Officers Policy ever been cancelled by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any pending or prior claims or circumstances against anyone who will be covered under this insurance in their capacity as Director of this or any other Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where relevant, please provide details, along with supporting documentation	

6) COVER REQUIRED

Quotation Required:	
Limit of Indemnity options:	
R	inclusive of costs and expenses
R	inclusive of costs and expenses
R	inclusive of costs and expenses

7) DECLARATION

We, the Directors and Management of the Company, declare that to the best of our knowledge the statements set forth herein are true. It is agreed that this form shall be the basis of the Contract should a Policy be issued.

Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	