

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

PROPOSAL FORM

IMPORTANT NOTICE

1. It is important that you provide full and detailed answers to all questions to enable the underwriter to properly assess the risk and quote terms that are fair and reasonable to both parties.
2. Incorrect or non-disclosure by you of material information may impact on any claims arising under your policy.
3. Do not sign any blank or partially completed proposal form. Keep all documents handed to you and make note of what is said to you. Don't be pressurised to buy the policy.
4. If this proposal is being completed for the renewal of an existing policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension of no longer than 10 days is requested and has been granted from underwriters, or renewal terms have been accepted.

1) BROKER'S DETAILS

Name of Company	
Contact Person	
Telephone Number	
E-Mail	

2) INSURED'S DETAILS

Name of Company / Individual	
Trading Name	
Date Company Established	
Company Registration / ID Number	
VAT Registration Number	
Postal Address (incl. postal code)	
Business Description / Occupation	
Annual Turnover	
Total Assets	
Telephone Number	
E-Mail	
Website	

If the company operates outside of South Africa, please give details of the territories and percentage of business operations applicable:

If the company has changed its name and/or country of registration in the last 5 years, please provide details:

3) DETAILS OF OWNERSHIP

Present Legal Constitution (Mark relevant box)

Sole Practitioner Partnership Incorporated Ltd Pty Ltd Close Corporation

If the shares of the company or subsidiaries are publicly traded, on which Stock Exchange(s) are they listed?

Does the company have shares in any American Depository Receipt (ADR) program? Yes No
If Yes, please provide details:

How many shares are owned directly, indirectly or beneficially by the directors and officers?

Provide details of shareholder owning directly, indirectly or beneficially more than 10% of the total shares:

In the last 24 months has the company announced intention or plans to consolidate/merge with another entity? Yes No Please provide details:

If the company has sold or distributed any stocks or assets outside the normal course of business during the last 24 months, please provide details:

4) DETAILS OF SUBSIDIARIES

Please provide details of any subsidiaries to be included in this Insurance:

Name:	Business:	% Ownership

If any director or officer of the company sits on any outside board at the behest of the company, please provide details:		
Is cover required for such outside board positions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5) INSURANCE HISTORY

Does the company currently have insurance for Directors and Officers Liability? If Yes, please provide details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an insurer ever cancelled, refused to accept or renew any Directors and Officers Insurance for the company, or imposed any special conditions? If Yes, please provide details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
During the last five years has the company made any claim under a Directors and Officers Liability policy? If Yes, please provide details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the company, its directors or officers been involved in any of the following? Mark if applicable.	Antitrust <input type="checkbox"/>	Copyright <input type="checkbox"/>
	Patent <input type="checkbox"/>	Litigation <input type="checkbox"/>
Provide details of any civil action, criminal action or administrative proceeding alleging a violation of any laws relating to the sale or purchase of any shares, investments or securities:		
Mark if applicable any	Representative actions <input type="checkbox"/>	
	Class actions <input type="checkbox"/>	
	Derivative suits <input type="checkbox"/>	
If any marked above, please provide details below:		
Any pending claims against anyone covered under this insurance, which falls within the scope of cover afforded by any similar insurance currently or previously in force? If Yes, please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has anyone who will be covered under this insurance given notice under the provisions of any other similar current or previous insurance of any facts or circumstances which may give rise to a claim being made against the company and/or any director or officer? If Yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

6) COVER REQUIRED

Limit of Liability (in the aggregate)	R
First Amount Payable	R
Defined Event 1 – Directors and Officers Individual Cover	R
Defined Event 2 – Company Reimbursement Cover	R
Retroactive Date	
Prior Litigation Date	
Reinstatement Options	Yes <input type="checkbox"/> No <input type="checkbox"/>

7) DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete at the present time. Otherwise than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

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, and shall be incorporated therein.

I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

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