

## Financial Institutions Directors and Officers Proposal

### NOTES

1. Please answer all questions as fully as possible.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. If you have a brochure about your Firm's operation(s), please forward it with this proposal.
4. Material contained in the Company's website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
5. If cover is required for any subsidiary companies, information relating to these is taken into account in completing the remainder of the form.
6. The form must be signed and dated by a Director of the Company.

A full Policy Wording is available on request. Please ask your broker or usual Liberty Mutual Insurance Europe Limited contact. Please complete this form fully in BLOCK CAPITALS.

### PROPOSER DETAILS

1a. Name of Company

1b. Address of Head Office

Postcode

1c. Website address

1d. E-mail address

1e. Country of Registration

1f. If the Company stated in 1a. is a subsidiary of another company, please state the name and address of the ultimate Holding Company

1g. Please supply a copy of your latest audited Report & Accounts

### THE BUSINESS

2a. Type of company (e.g. Public, Private, Close, Mutual etc)

2b. Nature of business

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2c. Date since the Company has continuously carried on business

3. Please provide the total number of employees for the Company, and a breakdown of employees as follows:

Country where the head office of the Company is located

USA

Rest of the World

4. Please list:

a. Total number of shares held by Directors and Officers (both direct and beneficial)

b. All holdings representing 15% or more of the Ordinary Share Capital of the Company giving the holder and the percentage held by each

5a. Are the securities of the Company traded on a public exchange?

Yes  No

If 'Yes', what percentage of issued share capital forms part of the free float?

 %

5b. What is the current market capitalisation?

 €

5c. Other than in response to a change of accounting standards has the company ever restated its financial results?

Yes  No

If 'Yes', please provide details

5d. Does the Company utilise means to monitor and verify the trading activity of its Directors, Officers and Employees to ensure compliance with the Company's insider trading policy?

Yes  No

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6. Does the Company or any of its subsidiaries have:

a. Any assets in North America? Yes  No

If 'Yes', what percentage/or monetary amount

b. Any traded debt or commercial paper in North America? Yes  No

If 'Yes', please provide details

c. Does the Company have any of its shares in any American Depository Receipt (ADR) programme? Yes  No

If 'Yes', please state level of ADRs and percentage of total shares traded as ADRs

7. Does the Company or any Director or Officer have Directors & Officers Liability Insurance currently in force? Yes  No

If 'Yes', please state:

a. Insurer

b. Indemnity Limit

c. Expiry Date

8. Has the Company ever had any Insurer cancel or refuse to renew a Directors and Officers Liability Insurance? Yes  No

If 'Yes', please provide details

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9. Have any Directors and/or Executive Officers of the Company resigned or been replaced in the past 12 months? Yes  No

If 'Yes', who and why?

10. Please provide the number of current non-executive directors

11. Does the Company have an insurance captive or any other financial institution subsidiary eg credit company? Yes  No

12. Do the articles of association of the company permit the company to indemnify Directors and Officers to the fullest extent possible under the law? Yes  No

If 'No', does the Company intend to change its articles in the next 12 months to this effect? Yes  No

### CLAIMS HISTORY

13. In the last five years have any claims been made against any past or present Director or Officer of the Company or its subsidiaries? Yes  No

If 'Yes', please provide details

Has the Company any knowledge or information, after full enquiry, of any circumstance or incident whatsoever which might give rise to a claim? Yes  No

If 'Yes', please provide details

## Financial Institutions Directors and Officers Proposal

### DECLARATION

I/we accept that completion of this proposal form does not bind the Proposer or Liberty Mutual Insurance Europe Limited to effect a contract of insurance.

I/we agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein.

I/we hereby declare that I am authorised to complete this proposal on behalf of the Proposer, that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy. I have not omitted, suppressed or misstated any material facts which may be relevant to underwriters' consideration of this proposal.

I/we undertake to inform Liberty Mutual Insurance Europe Limited of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

DIRECTOR'S NAME:

DATE:



SIGNATURE:

COMPANY



### IMPORTANT INFORMATION

#### Data Protection Acts 1988 and 2003

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the Insurers or the agents.

We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By proceeding with your insurance application, we will assume you are agreeable for us to transfer your information to a country outside the EEA.

Should you wish to receive a copy of the information we hold on you please contact:

The Compliance Department, Liberty Mutual Insurance Europe Limited,  
3rd Floor, Kestrel House, Clanwilliam Place, Dublin 2  
Tel: 01 818 0505 Fax: 01 818 0528

#### Your Insurer

This insurance will be underwritten by Liberty Mutual Insurance Europe Limited  
Liberty International Underwriters is the trading name of Liberty Mutual Insurance Europe Limited;  
a firm authorised and regulated by the Financial Services Authority (FSA number 202205)

Registered Office: 3rd Floor, Two Minster Court, Mincing Lane, London EC3R 7YE  
Tel: 020 7860 6600 Fax: 020 7860 6290

Registered in England, Registration Number 1088268

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