



## MANAGEMENT LIABILITY INSURANCE

# Application Form

D&O provides comprehensive, cost effective insurance protection to companies and their directors, officers and managers for liabilities assumed in the management of the business. Designed to reflect the increasingly complex corporate governance environment and the growing internationalisation of business, D&O offers worldwide cover as standard.



ABEX Affiliated Brokers Exchange Inc.  
139 Northfield Dr. W., Suite 206  
Waterloo, ON N2L 5A6  
(p) 519-880-0044 (f) 855-821-7060  
[www.abexinsurance.com](http://www.abexinsurance.com)



CFC Underwriting Limited  
85 Gracechurch Street  
London EC3V 0AA  
United Kingdom  
T: +44 (0) 207 220 8500  
F: +44 (0) 207 220 8501  
E: [enquiries@cfcunderwriting.com](mailto:enquiries@cfcunderwriting.com)  
W: [www.cfcunderwriting.com](http://www.cfcunderwriting.com)



## MANAGEMENT LIABILITY INSURANCE

### APPLICATION FORM

#### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the D&O policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: This Policy provides cover on a claims made basis. This means that a claim must be first made against the Insured and notified to us during the period of the policy to be covered and a claim will not be covered if it arises out of any actual or alleged wrongful act occurring before the Prior and Pending Date.

#### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

### SECTION I: COMPANY DETAILS

Broker code:

1.1 Please provide the following details:

Insured company:	
Contact name:	
Address:	
Postal code:	
Telephone:	Email address:
Fax:	Website:

1.2 Please list below the names of all subsidiary companies, including the country of registration and your proportion of ownership:

Name of Subsidiary	Country of Registration	Ownership
		%
		%
		%
		%

1.3 Please state when your company was established:

DD / MM / YY

1.4 Please briefly describe below the nature of your business activities:

If you have a brochure or company literature, please attach to this form.

Empty box for business activities description with horizontal lines.

1.5 Please state the number of employees:

Empty box for number of employees.

1.6 Please estimate your gross revenue:

a) For the last complete financial year:

Empty box for last complete financial year revenue.

b) Estimated for the current financial year:

Empty box for current financial year revenue.

c) What % of this is expected to relate to contracts with US domiciled companies:

Empty box for percentage with a % symbol.

1.7 Are you a private limited company or partnership registered outside of the USA?

Yes  No

1.8 Did you make a profit in the last financial year and do you anticipate making a profit in the current financial year?

Yes  No

1.9 Do your latest report & accounts show positive net assets?

Yes  No

1.10 Do you expect this position to change in the next 12 months?

Yes  No

1.11 If applicable, did your accountant qualify their opinion in your latest filed annual report & accounts?

Yes  No

1.12 Do you have any assets in the USA?

Yes  No

1.13 Have you in the past 3 years, or in the next 12 months do you have plans to:

a) Be involved in any mergers, acquisitions or divestments?

Yes  No

b) Change your capital structure?

Yes  No

c) Raise any new equity capital?

Yes  No

1.14 Do you have systems in place to ensure that you comply with all relevant health & safety and employment regulations?

Yes  No

1.15 Have you made any staff redundancies in the past 12 months?

Yes  No

1.16 In the past 5 years, have you been found guilty of any criminal, dishonest or fraudulent activity, been the subject of an investigation by any official body or institution, or disqualified from acting as a director?

Yes  No

1.17 Have you made a claim under any directors & officers, employment practices or management liability insurance, or are you aware of any claims or investigations made against you?

Yes  No

1.18 Are you aware of any fact, circumstance or allegation which may give rise to a claim under the proposed coverage?

Yes  No

If you have ticked any of the shaded boxes in questions 1.7 - 1.18, please explain in the box below and continue on a separate sheet if necessary:

Empty box for explanation of shaded boxes with horizontal lines.

1.19 Please give details below of your current management liability insurance and of the cover you now require:

	Current Insurance	Required Insurance
Indemnity Limit	_____	_____
Deductible (Entity Cover only)	_____	_____
Prior and Pending Date	DD / MM / YY	DD / MM / YY
Expiry / Inception Date	DD / MM / YY	DD / MM / YY

## SECTION 2: DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Insured's signature (only required if binding): _____	Full name: _____
Position held at insured: _____	Date: DD / MM / YY _____

ADDITIONAL INFORMATION:

\*

\* If clicking on **Submit Application** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to [quotes@abexinsurance.com](mailto:quotes@abexinsurance.com) or fax it to 855-821-7060.

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