

# Financial Institutions Proposal Form DIRECTORS & OFFICERS INSURANCE

# Please provide with this proposal form the most recent copies of the following documents:

- Insured's audited annual report & accounts and any additional applicable filed financials
- Organisation structure chart
- Biographies of the principal directors
- · Any offering document/listing particulars published in the last three years
- Any supplementary information which is material to the response of the questions



1.	Name of the Insured:
2.	Name of the parent company ( <i>if applicable</i> ):
3.	Principal address:
4.	Website address:
5.	Date of establishment: / / /
6.	Please state the total assets from the latest audited financial report:
7.	Has the Insured been the subject of any merger and/or acquisitions during the past three years?  Yes No  If "YES", please provide details:
	TEO, pieuse provide details.
8.	Has the Insured revealed publicly that it is the subject of any pending merger and/or acquisition?  Yes No
	If " <b>YES</b> ", please provide details:

**9.** Please provide the approximate geographical split of total assets:

	Percentage split
UK	%
Europe	%
US	%
Canada	%
South America	%
Africa	%
Asia	%
Oceania	%
Middle East	%
Eastern Europe	%
Caribbean	%
Total	100%

# **Ownership Information**

- 10. Please state:
  - a. Total number of shareholders:
  - b. Total number of shares issued:
  - c. Total number of shares held by directors (both direct and beneficial):
- 11. a. Are equity securities of the Insured traded on a stock exchange? Yes No

If 'YES', please provide details of the stock exchange(s) and ticker symbol(s):



b. What was the date of the IPO?
c. How much of issued share capital forms part of the free float?
d. Are there any shareholders who own 10% or more of the issued shares: Yes No
If 'YES', please provide details:
a. Are any equity securities traded in the USA? Yes No
If ' <b>YES</b> ', please state the type of listing:
Full listing Level 1 sponsored Level 1 unsponsored Level 2 Level 3  b. Please state the percentage of market capitalisation that is traded in the USA?
Does the Insured have any acquisition or merger pending intend a new public offering of equity securities within the next 12 months? Yes No  If 'YES', please provide details:
Does the Insured intend to do any new public offering of equity securities within the next 12 months?  Yes No
If ' <b>YES</b> ', please provide details:



### **Claims Information**

- 15. Please read the following statements and confirm as indicated below:
  - a. No claim, proceeding or demand has been made or brought against the Insured or any of its directors, officers or employees in the last five years (whether insured or not);
  - b. The Insured or any of its directors, officers or employees have not been the subject of any regulatory, administrative or governmental investigation in the last five years (whether insured or not);
  - c. The Insured, after enquiry, is not aware of any act, error, omission, event, circumstance or incident which may give rise to a claim, proceeding or demand or any regulatory, administrative or governmental investigation.

All the statements above are true and accurate: Yes No

If 'NO', please provide details below or on a separate sheet:

### **Important Notice**

Before commencement of any insurance policy, the Insured is required to make a fair presentation of the risk. The Insured must disclose all material circumstances which the Insured knows or ought to know or, failing that, has given us, Inigo the Insurer, sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances.

A material circumstance is one which would influence a prudent insurer's judgement of the risk. If the Insured has any questions regarding the duty to make a fair presentation of the risk then please contact your broker for further information.

## **Declaration**

It is declared that the Insured has made a fair presentation of the risk. This declaration is signed by the director officer who is responsible for arranging insurance on behalf of the Insured.

Signature: Position: Date: / /

This proposal form should be signed no earlier than 30 days prior to inception of the policy.

### **Data Protection Notice**

Inigo collects and uses information, including any relevant personal data, provided by the Insured in order to consider providing an insurance quote for the Insured and any other entities or individuals intended to benefit from the proposed insurance.

If Inigo needs to process or obtain any special category data not provided by the Insured within this proposal form then Inigo will seek consent from the Insured before doing so. If the Insured is providing any personal information on behalf of an individual, then the Insured must inform that individual of this notice.

Inigo may share the information collected with a number of third parties including but not limited to agents, brokers, reinsurers, regulators and law enforcement agencies. Inigo will only disclose any personal information to the extent required or permitted by law.

If the Insured or any individual wishes to contact Inigo regarding their data and rights then please contact Inigo's Data Protection Officer at dpo@inigoinsurance.com

Full details of Inigo's privacy policy can also be found here: inigoinsurance.com/privacy-policy

