



Management Liability Insurance

PROPOSAL FORM PRIVATE LIMITED COMPANIES

This proposal must be completed and signed by a Principal or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Directors and Employees to enable all the questions to be answered. All questions must be answered to enable a quotation to be given. Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

Proposer Information

1. Name of the company:
(Proposer)

2. Registered address
including postcode:

3. a) Date established:

b) Has the Proposer been established for more than 1 year?

Yes ☐ No ☐

If NO please submit business plan

4. Business activities:

5. Turnover for past financial year: €

6. Total number of employees:
(please include all part time / seasonal / volunteers)

Directors and Officers (D&O) and Corporate Liability (CL)

7. Is the Proposer a private limited company registered in Ireland ?

Yes ☐ No ☐

8. Do the Proposer's latest annual report and accounts show a positive net worth and positive net income (after tax)?

Yes ☐ No ☐

If NO to questions, 7 or 8 above please provide full details

9. Do the business activities of the Proposer or its subsidiaries relate to any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| a) The provision of financial services and/or being authorised by either the Financial Conduct Authority or the Prudential Regulation Authority? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Professional legal advice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Biotechnology, pharmaceuticals, healthcare / social care or childcare? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Passenger or freight air transport services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Professional sports? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

10. In the next 12 months is the Proposer:

- | | | |
|--|------------------------------|-----------------------------|
| a) Aware of any proposal relating to its acquisition by another organisation; or | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Contemplating any offering or share issue? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

11. Does the Proposer have any subsidiary companies incorporated outside of the EU or Switzerland?

Yes ☐ No ☐

12. Does the Proposer have any subsidiaries or assets in the United States of America or Canada?

Yes ☐ No ☐

13. Have there been any claims or investigations against the Proposer, its board members or employees within the last 5 years?

Yes ☐ No ☐

14. Are the Proposers board members aware, after enquiry, of any circumstance or incident which may give rise to a claim or investigation under this proposed policy?

Yes ☐ No ☐

If YES to any of questions 9 - 14 above please provide full details

Employment Practices Liability (EPL)

Only complete this section if Employment Practices Liability cover is required

15. The Proposer confirms that all employees are based in the UK.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. The Proposer confirms that a contract of employment and employee handbook (which includes written employment and grievance procedures) has been issued to all employees.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. The Proposer confirms that HR consultants or legal advisors are always consulted to review employment terminations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. The Proposer confirms that no redundancies, terminations or changes to employee benefits have taken place in the last 12 months or are planned in the next 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. The Proposer confirms that it has not had any employment related claims, complaints, administrative or tribunal hearings or litigation in the last 3 years.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If NO to questions, 15-19 above please provide full details

Insurance Details

You can choose for cover to commence on any date within 30 days from when you signed this form.

The commencement date cannot be in the past.

Please note that cover will only commence once all necessary underwriting has taken place and you have received confirmation of cover from Tokio Marine HCC.

What date do you require cover to commence?	
Do you currently hold a Management Liability Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES , please advise what the Prior & Pending Litigation date is stated on your current Policy	
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Please read this paragraph carefully before signing the declaration

It is essential that every Proposer, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the Proposer, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of Principal or Director:

Date:

Contact Us

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