

Directors and Officers Insurance Proposal Form

Important Notice: This form must be completed accurately, in full and in English. All material information likely to influence the acceptance and assessment of the risk must be disclosed. If you are not certain if the information is material or not, provide it otherwise it may affect your policy at a later date. PLEASE NOTE THAT THIS FORM IS NOT AN ACCEPTANCE OR CONFIRMATION OF COVER. Please answer **ALL** questions completely. Should any question or part thereof not be applicable, please state "N/A" Should insufficient space be provided, please continue on your company letterhead.

This form will be the basis of any subsequent insurance policy that the Company may issue to you. You are obliged to provide the Company with a full and frank disclosure of any and all facts that may be material to the Company's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide the Company with any and all information that may be relevant, and you inform the Company in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted. Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy.

1. General Details

1.1 Full name of proposed Insured including all subsidiaries: _____

1.2 Proposed Insured main address: _____

1.3 Proposed Insured country of registration: _____

1.4 Which industry segment does the Proposed Insured operate in? _____

1.5 Company establishment date? _____

1.6 Has the Proposed Insured been involved in, or been the subject of, any merger, acquisition, tender offer, buy-out or change in equity structure in the past five (5) years? Yes No

If 'Yes', please provide full details on a separate sheet.

1.7 Is the Proposed Insured or any of its directors or officers aware of any plans for a merger, acquisition, tender offer, buy-out or a change in equity structure? Yes No

If 'Yes', please provide full details on a separate sheet.

1.8 Has the Proposed Insured ever restated its financial results? Yes No

If 'Yes', please provide full details on a separate sheet.

1.9 Please advise the level of cover preferred (maximum cover should not exceed total asset value):

US\$250,000 US\$500,000 US\$1m US\$2m US\$1m US\$2m Other, please specify :

2. Employment Practices

2.1 Please state in respect of the Proposed Insured the total:

No need to fill in when it comes to automatic coverage

<i>Number of staff</i>	<i>USA & Canada (Current Year)</i>	<i>USA & Canada (Previous Year)</i>	<i>Other (Current Year)</i>	<i>Other (Previous Year)</i>
(a) permanent employees				
(b) directors and officers				
(c) temporary staff and outsourced employee roles				

2.2 Is the Proposed Insured currently undergoing, or contemplating undergoing during the next twelve (12) months, any employee layoffs or renchments, including ones resulting from any type of company restructure or office closure? Yes No

If 'Yes', please provide full details on a separate sheet.

3. Securities Details

3.1 Does the Proposed Insured is publicly listed or traded on a stock exchange(s)? Yes No

If Yes, please provide us with the following details:

	Stock Exchange	Date of Initial Public Offering (IPO)	Amount of Equity Capital Raised
(a)			
(b)			

3.2 Are Securities traded in any other way?

Yes No

If 'Yes', please provide full details on a separate sheet.

3.3 Please provide Us with specific details of all Securities holders who hold five percent (5%) or more of the ownership interest in the Proposed Insured:

Shareholder	% Held
_____	_____
_____	_____
_____	_____
_____	_____

4. USA Securities Exposure

This Section **MUST** be completed by the Proposed Insured **if it has a USA Securities exposure:**

4.1 If the Proposed Insured Securities are traded in the form of American Depositary Receipts (ADR) and/or 144A programs, please advise:

- a) whether they are sponsored or unsponsored:
- b) the total size of the program:
- c) the percentage traded as a total percent of issued share capital:
- d) the number of ADR shareholders:
- e) all holdings representing 5% or more of the issued ADR share capital:

4.2 Does the Proposed Insured have an internal Audit Committee pursuant to USA statutes, rules or regulations?

Yes No

If 'No', please provide full details on a separate sheet.

4.3 If the Proposed Insured is required to follow USA Generally Accepted Accounting Principles (GAAP), are the Proposed Insured financial

statements in accordance with USA GAAP?

Yes No

If 'No', please provide full details on a separate sheet.

4.4 Is the USA Securities and Exchange Commission (SEC), the USA Internal Revenue Service (IRS), or any stock exchange, or any other regulatory body, investigating or requesting information from the Proposed Insured or any of its directors, officers or employees?

Yes No

If 'Yes', please provide full details on a separate sheet.

5. Insurance History

5.1 Has the Proposed Insured or any of its directors or officers ever had any Insurer decline a proposal or cancel or refuse to renew a Management Liability Insurance policy? Yes No

If 'Yes', please provide full details on a separate sheet.

6. Claims Information

6.1 Has any claim been brought against the Proposed Insured or any of its directors, officers, partners or trustees during the last five (5) years? Yes No

If 'Yes', please provide full details on a separate sheet.

6.2 Does the Proposed Insured, or any of its directors, officers, partners or trustees, after full enquiry, have any knowledge of any act, omission, event or circumstance which could give rise to a claim?

Yes No

If 'Yes', please provide full details on a separate sheet.

7. Declaration

The undersigned authorised Chairman of the Board or President of the **Proposed Insured**:

- The company, including its subsidiaries, has enough cash to finance its activities for at least the next 12 months, does not have a deficit in equity, and has met its financial obligations to its creditors, including financial institutions, for the past 3 years.

- No civil lawsuits have been filed and no criminal or administrative proceedings have been opened against any of the directors and/or officers of the company, including the subsidiaries, and there is no known act or omission and/or claims and/or other circumstances that may lead to the filing of a claim or opening proceedings as mentioned against any of the directors and/or officers of the company, including the subsidiaries under this policy.
- declares that this **Proposal** has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted; and
- agrees that if the information supplied in this **Proposal** changes between the date of this **Proposal** and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance; and
- agrees that this **Proposal** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to KIC, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by KIC, as set out in the contents of the consent clause contained below and the individual agrees and consents, that KIC may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following: (i) KIC’s group companies; (ii) KIC’s (or KIC’s group companies’) service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in KIC’s Data Privacy Policy which include:

- a) Processing, underwriting, administering and managing my/his/her relationship with KIC;
- b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- c) Compliance with legal or regulatory obligations, risk management procedures and KIC internal policies;
- d) Managing KIC’s infrastructure and business operations; and
- e) Carrying out market research and analysis and satisfaction surveys.

Signed

Title

(Must be signed by Chairman of the Board or President)

Company

Date

Signing this proposal form does not oblige the Applicant to purchase any insurance.