

## Directors and Officers Insurance Quick Quote 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

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- 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? \_\_\_\_\_

### 2. Statements

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Please **confirm** the following statements.

As long as your answer is positive to the following statements, you can proceed to the coverage conditions:

- 2.1 The company is a private limited liability company with a low annual revenue turnover / equal to USD 30,000,000?  Yes
- 2.2 The company has no activity in USA/Canada/Mexico  Yes (no activity)

- 2.3** 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 outstanding proceedings as mentioned against any of the directors and/or officers of the company, including the subsidiaries.  **Yes (no claims/circumstances)**
- 2.4** 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 to financial institutions, in the last 5 years.  **Yes**

### 3. Required Terms

Please select	Limit of Liability	Deductible	Annual Premium
<input type="checkbox"/>	US\$ 500,000	US\$ 25,000	US\$ 3,500
<input type="checkbox"/>	US\$ 1,000,000	US\$ 25,000	US\$ 5,000
<input type="checkbox"/>	US\$ 1,000,000	US\$ 50,000	US\$ 3,500
<input type="checkbox"/>	US\$ 2,000,000	US\$ 25,000	US\$ 7,000
<input type="checkbox"/>	US\$ 2,000,000	US\$ 50,000	US\$ 5,000
<input type="checkbox"/>	US\$ 3,000,000	US\$ 25,000	US\$ 8,700
<input type="checkbox"/>	US\$ 3,000,000	US\$ 50,000	US\$ 7,000
<input type="checkbox"/>	US\$ 5,000,000	US\$ 25,000	US\$ 9,500
<input type="checkbox"/>	US\$ 5,000,000	US\$ 70,000	US\$ 7,000
<input type="checkbox"/>	US\$ 7,000,000	US\$ 25,000	US\$ 13,500
<input type="checkbox"/>	US\$ 7,000,000	US\$ 75,000	US\$ 10,000

## 4. Declaration

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

- 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.***