**Please email:** itic@thomasmiller.com

|  |  |
| --- | --- |
| 1. Company Name |  |
| 1. Website |  |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed |  |

**SECTION 1 – General information** *(about “nominated companies” for the purposes of D&O insurance)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Name and Address of any subsidiary companies to be insured for D&O including country of registration and percentage owned by parent company or organisation *(information only required if different to those listed as Joint Members on your ITIC certificate of entry)* | | | | | |
| Name and Address | | | Country | | Percentage |
|  | |  | | % | |
|  | |  | | % | |
|  | |  | | % | |
|  | |  | | % | |
| 1. Number of Directors/Partners |  | Total number of staff | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Names, positions, professional qualifications and number of years’ experience of ALL current  Directors, Partners and Senior Managers. *(these names may already be listed in your company  report and accounts)* | | | |
| Names of current Directors, Partners and Senior Managers | Qualifications | Year obtained | Length of time as Director, Partner or Principal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION 2 – Business activities**

1. Please briefly describe the nature of your business *(information only required if different to the insured services listed in paragraph 2.0 of your ITIC certificate of entry)*

|  |  |  |
| --- | --- | --- |
|  | | |
| 1. Please indicate (i) your approximate gross annual income or fees and (ii) your profit for the years requested below   Please state currency e.g., US$, EUR, GBP etc. | | |
| 1. Gross income/fees for last year |  | |
| 1. Gross income estimate for this current financial year |  | |
| 1. Profit for last year |  | |
| 1. Estimated profit for this current financial year |  | |
| 1. Please provide copies of your company report and accounts and other relevant literature relating to your company or organisation such as brochures, annual reviews etc. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Are any of the companies declared above listed on any stock exchange or traded?   *If “Yes” please identify them and specify country and city and specify how traded.* | | Yes | | No |
|  | | | | |
| 1. Are any of the companies declared above regulated by any professional body?   *If “Yes” please identify them and specify which regulatory body oversees their function.* | | Yes | | No |
|  | | | | |
| 1. Please list any “***associated company***” (which is not a subsidiary) in which any of your Directors, Partners or Senior Managers are required by your company to perform a similar role, and give the location and a description of the business activity of this organisation. | |  | |  |
| Associated company name | Location | | Business activity | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |

**SECTION 3 – Directors & officers insurance/claims history**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Are you currently insured for Directors’ and Officers’ liability insurance risks?   *If “Yes” for how long have you been insured? (if “No” please give details of most recent insurance)* | | Yes | No |
|  | | | |
| 1. Name of insurer |  | | |
| 1. Limit of indemnity |  | | |
| 1. Excess/Deductible |  | | |
| 1. Premium |  | | |
| 1. Expiry date |  | | |
| 1. Has any insurer | |  |  |
| 1. Declined to insure you | | Yes | No |
| 1. Cancelled your insurance | | Yes | No |
| 1. Refused to renew your insurance | | Yes | No |
| 1. Imposed penalties or special terms *If “Yes” please give details:* | | Yes | No |
|  | | | |
| 1. Have any claims, successful or not, ever been made against any past or present Director, Officer or Senior Manager of the company, or any subsidiary, that would fall within a similar insurance, or has the company or its Directors or Officers been subject to any regulatory enquiry within the last 6 years?   *If “Yes” please give details:* | | Yes | No |
|  | | | |
| 1. Are you aware after enquiry of any prior or current circumstance or incident that may give rise to a claim under a Directors and Officers liability insurance policy?   *If “Yes” please give details:* | | Yes | No |
|  | | | |

**SECTION 4 – Limits and deductibles**

|  |  |  |
| --- | --- | --- |
| Please indicate currency e.g. US$ | |  |
| Please indicate any preferred limits or deductibles | | |
|  | Limit | Deductible |
| Alternative 1 |  |  |
| Alternative 2 |  |  |

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief, the information given above is true and provides a fair presentation of the risk I/we are asking ITIC to insure. I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter’s assessment or which would alert an underwriter to the need to make further enquiries).

Any insurance offered will be subject to the Rules of ITIC which are available at www.ITIC-insure.com or on request. Your attention is drawn to Rule 1.1 which lists those sections of the Insurance Act 2015 which are excluded from your cover.

|  |  |
| --- | --- |
| **Signed:** | **Position in company:** |
|  |  |
| **Date:** |  |
|  |

*This proposal form must be completed and signed by a person who is authorised to bind the proposer.*

**Please e-mail this completed form to:** itic@thomasmiller.com