



Metropolitan

Insurance Brokers L.L.C.

Always Eager To Serve You

DIRECTOR'S & OFFICER'S LIABILITY & COMPANY REIMBURSEMENT INSURANCE



Corporate Office: Metropolitan Insurance Brokers LLC., P.O. Box 119483, Office No. 1702, 17th Floor, City Tower 2., Sheikh Zayed Road, Dubai, UAE
Email: info@mibdubai.ae • Website: www.mibdubai.ae • Tel: +97143586860 • Fax: +97143586861

Registered in the United Arab Emirates as an Insurance Broker (Registration No. 186) and regulated by United Emirates Insurance Authority to conduct Life and General Insurance Business and subject to the provisions of the Federal Law No. (6) of 2007.



DIRECTOR'S & OFFICER'S LIABILITY & COMPANY REIMBURSEMENT INSURANCE

QUESTIONNAIRE

1. GENERAL INFORMATION

Please use capital letters to complete this form.

- a. Name of the company and/or entity:
- b. Principal address:
(Please show the address required on the policy)
- Contact person's name:
- P.O. Box: City:
- Country: Mobile number:
- Phone number: Email:
- Fax number: Website:
- c. Country of registration:
- d. Date the company/entity was established:
- e. Business activity/principal nature of business of the company/entity and its subsidiaries:
- f. Company's/entity's website:
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2. REQUESTED COVERAGE

- a. Limit of liability:In the aggregate:
- b. Effective date:

3. DETAILS OF OWNERSHIP

- a. Is the company/entity ☐ Public ☐ Private ☐ Non-profit ☐ Semi-governmental
- b. Are the shares of the company and or subsidiaries publicly traded? ☐ Yes ☐ No

If Yes, please specify the exchange(s) on which they are listed (if the company has any of its shares in an unsponsored American Depository Receipt (ADR) program, please indicate):

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If Yes, please specify percentage of shares traded:%

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3. DETAILS OF OWNERSHIP (CONTINUED)

- c. Do any shareholders hold or control (directly or beneficially) more than 10% of the share capital of the company(including directors)? ☐ Yes ☐ No

If Yes, please provide details: (If there is insufficient space please use a separate sheet)

No.	Name	% of shares	% of voting shares

4. SUBSIDIARY/OUTSIDE ENTITY INFORMATION

- a. Is coverage required to include all subsidiaries? ☐ Yes ☐ No

If Yes, please provide details: (If there is insufficient space please use a separate sheet)

No.	Name	% of shares	% of voting shares

- b. Do any directors, officers or employees hold any outside board positions at the behest of the company? ☐ Yes ☐ No

If Yes, is coverage for such positions desired?

No.	Organization's name	Territory	No. of D&O's

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5. HISTORY OF COMPANY

a. During the last five years has:

- i) The name of the company changed? ☐ Yes ☐ No
- ii) Any acquisition or merger taken place? ☐ Yes ☐ No
- iii) Any subsidiary been sold or acquired? ☐ Yes ☐ No
- iv) The company changed its external auditors or external legal advisors?
- v) The company been in breach of any of its debts, covenants, or loan agreements? ☐ Yes ☐ No

If Yes, to any of the above please provide details:

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- b. During the last 12 months have any of the directors and/or officers of the Company resigned or been replaced? ☐ Yes ☐ No

If Yes, please provide details:

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6. NORTH AMERICA

This section is only to be completed if cover is required for claims made in the United States of America and/or Canada and/or claims made elsewhere arising out of the company's operations in the United States of America and/or Canada.

- a. What are the total gross assets of the company in North America?

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- b. Does the company have subsidiaries in North America that are not wholly owned? ☐ Yes ☐ No

If Yes, please provide details: (If there is insufficient space, please use a separate sheet)

No.	Organization's name	Territory	No. of D & O's

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QUESTIONNAIRE

6. NORTH AMERICA (CONTINUED)

- c. Does the Company have any shares, bonds, debt or equity instruments in North America not previously indicated in question (3.b)? ☐ Yes ☐ No
- If Yes, on what date was the last offering made? DD/MM/YYYY
- If Yes, was the offering subject to regulation with the Securities Laws of North America? ☐ Yes ☐ No
- If Yes, please attach full details:
-

7. POLICIES AND PROCEDURES

- a. Has the company ever restated its financial results? ☐ Yes ☐ No
- If Yes, please provide details:
-
- b. Does the company anticipate having to take a significant one-time to earnings, or restatement of earnings within the next 12 months? ☐ Yes ☐ No
- If Yes, please provide details:
-

8. FORWARD LOOKING

- a. Is the Company's acquisition, tender offer, or merger pending or under consideration? ☐ Yes ☐ No
- If Yes, please provide details:
-
- b. Is the company aware of any proposal relating to its acquisition by another company? ☐ Yes ☐ No
- If Yes, please provide details:
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DIRECTOR'S & OFFICER'S LIABILITY & COMPANY REIMBURSEMENT INSURANCE

QUESTIONNAIRE

8. FORWARD LOOKING (CONTINUED)

- c. Is the company intending a new public offering of Securities within the next year? ☐ Yes ☐ No

If Yes, please provide details:

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- d. Is the company currently involved in or considering filing bankruptcy? ☐ Yes ☐ No

If Yes, please provide details:

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9. INVESTIGATIONS / INQUIRIES

- a. Has any official inquiry been undertaken by any regulatory governmental, professional or other authorized body into the activities of any or all of the directors and/or officers in any capacity? ☐ Yes ☐ No

If Yes, please provide details:

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10. PREVIOUS INSURANCE

- a. Does the Company on behalf of its directors or officers have Director's & Officer's Liability Insurance currently in force? ☐ Yes ☐ No

If Yes, please provide details:

i) Limit of Liability:

ii) Insurer(s):

- b. Has the Company ever had the Insurer decline a proposal or cancel or refuse to renew a Director's and Officer's Liability Insurance? ☐ Yes ☐ No

If Yes, please provide details:

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DIRECTOR'S & OFFICER'S LIABILITY & COMPANY REIMBURSEMENT INSURANCE

QUESTIONNAIRE

11. CLAIMS INFORMATION

a. Has the Company, or anyone for whom this insurance is intended been involved in the following:

i) Any antitrust copyright or patent litigation? ☐ Yes ☐ No

ii) Any civil or criminal action or administrative proceedings alleging a violation of any security law or regulation relating to securities? ☐ Yes ☐ No

iii) Any representative actions, class actions or derivative suits? ☐ Yes ☐ No

If Yes to any of the above, please provide details:

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Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? ☐ Yes ☐ No

If Yes to any of the above, please provide details:

.....

Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim being made against the Company and/or any director and/or officer? ☐ Yes ☐ No

If Yes to any of the above, please provide details:

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12. PRIOR KNOWLEDGE

Does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which any fall within the scope of this proposed insurance? ☐ Yes ☐ No

If Yes to any of the above, please provide details:

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CONTRACTORS' ALL RISKS INSURANCE QUESTIONNAIRE

13. ADDITIONAL INFORMATION

- As an attachment to this proposal form, please include the following:
- Most recent report and accounts/financial statements (annual report)
- Latest available interim financial statements

If the Company operates in the US (where applicable as per question no. 6 above):

- Form with the USA regulatory authorities
- Most SEC filings (if applicable)



CONTRACTORS' ALL RISKS INSURANCE QUESTIONNAIRE

DECLARATION

GI/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, we shall have no liability under the insurance policy and/or shall have the right to get it terminated by the insurers from the time of inception.

Name of Proposer

Title:

Signature:

Stamp:

Date:
DD/MM/YYYY

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative