



Management Liability (D&O) Proposal Form

**GB UNDERWRITING PROPOSAL FORM:
MANAGEMENT LIABILITY (D&O) AND COMPANY REIMBURSEMENT**

This proposal form must be completed by a director or company secretary, and answered fully for a quotation to be given. The completion and signature of this proposal form does not bind the Company or Insurer to complete a contract of insurance.

1. Name of Company:

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2. Registered address:

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..... Postcode:

3. Year of establishment:

4. Nature of business:

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5. Turnover at last financial year end: £

6. Net profit at last financial year end: £

7. Did the Company have positive Net Worth (Shareholder Funds) at the last financial year end? Yes No

8. Does the Company have any North American assets and/or Revenue? Yes No

9. Is the Company aware of any proposal relating to its acquisition, or have any acquisition or merger pending or under consideration, or considering a public offering of securities within the next twelve months? Yes No



Please complete this section if Employment Practices Liability is required.

10. Total Number of Employees in the UK/Republic of Ireland:

11. Total Number of Employees Worldwide excluding UK/Ireland:

12. In the past 5 years, has the Insured experienced any redundancies, or are any anticipated within the next 12 months? Yes No

13. Does the Insured:

Have a full time human resources department or manager? Yes No

Have an employee handbook which is distributed to all employees? Yes No

Have written policies against discrimination and sexual harassment? Yes No

Have a grievance procedure for dealing with discrimination claims? Yes No

Have an established severance and termination procedure? Yes No

Obtain advice from HR managers prior to terminating an employee? Yes No

Check references prior to accepting an applicant? Yes No

Questions 14-15 must be answered by all applicants.

14. Have any claims ever been made against the Company or any past or present director, officer, trustee, or employee of the Company, or its subsidiaries? Yes No

15. Is the Company or any director, officer, trustee or employee aware, after enquiry, of any circumstance or incident that may give rise to a claim? Yes No

DECLARATION

I/We declare that the contents of this proposal form are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal form together with any other information supplied by me/us shall form the basis of any contract of insurance effected hereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

SIGNATURE:

NAME:

POSITION:

DATE:

PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS





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GB UNDERWRITING

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