



Management Liability Portfolio

Proposal form

The Hiscox Management Liability Portfolio is designed to meet the insurance needs of your company and its director's officers and employees.

You must complete questions 1-7, 12-14, 25-32 and read and sign the Declaration.

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Your company

1. a. Name
 Address
 Postcode
 Website
- b. When was your business established?
- c. Country/State of incorporation?

Your business activity

2. a. Please describe your business activities below:
- b. Is your company:
 Public Private Charity/Association
 If 'Public', please specify where shares listed?

Company history

3. During the last three years has:
 the name of the parent company changed? Yes No
 any acquisition or merger taken place? Yes No
 any subsidiary company been sold or ceased trading? Yes No
 the capital structure of the parent company changed? Yes No
 If Yes to any of the above, please give details:
4. a. Has the company any offer, acquisition or merger pending or under consideration? Yes No
 b. Is the company aware of any proposal relating to its acquisition by another company? Yes No
 c. Is the company planning any new public or private offering of securities within the next year? Yes No
 If Yes to any of the above, please give details:
5. Please detail any acquisitions or created subsidiaries since the last published Report and Accounts?



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6. Have any directors of the company resigned or been replaced in the last 12 months? Yes No

If Yes, please give details including reason for departure:

Share ownership

7. Please list:

a. Total number of shareholders

b. Total number of shares issued

c. Do you have any shareholders who hold above 25% of the ordinary shares? Yes No

If Yes, please give details:

North American cover

Questions 8,9,10 and 11 only require to be completed if cover is required for claims made in/or arising out of your business activities in the United States of America.

8. Please advise the total gross assets within USA

\$

9. Please advise percentage of turnover from USA

%

10. Please confirm all Subsidiaries in USA are wholly owned: Yes No

If No, please give details of minority shareholder's interest:

11. Please confirm company or any subsidiary do Not have any shares traded or debt instruments traded in the United States of America: Yes No

Corporate Governance

12. Does your company comply with the Combined Code on Corporate Governance or equivalent guidance? Yes No

If No, please advise exceptions:

Accounting policies

13. Have any adverse comments been raised by any regulatory body or auditor in the last three years? Yes No

If Yes, please give details:



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14. Does the company anticipate having to restate its earnings for any previous year or take a one time charge in the next 12 months? Yes No

If Yes, please give details:

Employment policies

Questions 15 to 24 only require to be completed if cover is required for employment claims made against the company.

15. Please list number of:

- a. Full-time employees (including directors):
b. Part-time employees (including seasonal and temporary staff):

IRE	EU	USA	ROW

16. No of employees (including directors) with salaries:

Up to €75,000:

Above €75,000:

17. How many employees (including directors) have left the company (voluntary and Non-voluntary) in the last 12 months?

18. Does the company anticipate any redundancies in the next 12 months? Yes No

If Yes, please give details:

19. a. Does the company have a human resources department? Yes No

If Yes, how many employees work in this department?

If No, how is this function handled?

- b. Does each of the company's locations have a dedicated Human Resources function? Yes No

If No, please advise how issues are handled in each location:

20. a. Does the company have a written Human Resources Manual or equivalent written management guidelines? Yes No

- b. Does the company have a written employee handbook or procedure manual? Yes No

If Yes, please advise date of publication, latest update, responsibility for, and how often updated and means of distribution to managerial and all other employees:

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21. Please confirm manual/handbook contains written procedures in place with respect to the following:
- | | |
|---|--|
| recruitment/termination? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| discrimination/harassment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| employee discipline procedures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| confidential treatment of employee information? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Compliance with employment related statutes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| employee complaints/whistleblower procedures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If No to any of the above, please advise alternative procedure in place:

22. a. Are all prospective employees required to complete a written employment application prior to employment? Yes No
- b. Are all offers of employment reviewed by Human Resources? Yes No
- c. Is there a formal orientation program for new employees? Yes No
- d. Are regular, written performance evaluations completed for and provided to all employees? Yes No

If No to any of the above, please advise alternative procedure in place:

23. Is any disciplinary action or employee termination subject to prior review and approval by Human Resources? Yes No

If No to any of the above, please advise alternative procedure in place:

24. Does the company have a legal department? Yes No

If Yes, please advise if/when they are involved in Human Resources issues:

External advice

25. Does the company utilise external Human Resources, Health and Safety or Legal Assistance? Yes No

If Yes, please give details:

Health and safety policies

26. a. Does the company have a written health and safety policy? Yes No
- b. Is the policy distributed/made available to all new and existing employees? Yes No
- c. Have your health and safety policies been reviewed within the last 12 months? Yes No

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- d. Have all recommendations on health and safety procedures been complied with? Yes No

If No to any of the above, please advise alternative procedure in place:

Segregation of duties

27. Are all duties segregated so that at least dual control exists on signing cheques (above €2,500), issuing instructions for disbursement of assets or funds, fund transfer procedures and investments? Yes No

If No, please advise alternative procedure in place:

Previous insurance

28. Does the company currently have any similar policy currently in force? Yes No

If Yes, please provide full details including date of first purchase:

29. Has the company or any director, officer or employee ever been refused similar cover or had a similar policy cancelled or special terms imposed? Yes No

If Yes, please give details:

Limit of indemnity

30. What limit of indemnity is required? (please tick)

€500,000 €1,000,000 €3,000,000 €5,000,000

Other Please specify:

This section must be completed and full enquiry should be made prior to answering these questions.

Claims information

31. a. In the last five years has the company or any employee been subject to any regulatory investigation? Yes No

- b. Has there been any employment practices claims over the past three years? Yes No

If Yes, please provide full details, including information regarding the type of investigation/claim; the parties involved; and any settlement or final determination of the claim. Please use a separate addendum if necessary:

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32. In the last five years, have there been any claims and/or investigation made against the company or its directors or employees which may have been covered by this policy had it been in force? Yes No

If Yes, please provide full details, including information regarding the type of investigation/claim, the parties involved and any settlement or final determination of the claim: Please use a separate addendum if necessary.

33. After enquiry, are any of the directors or employees of the company aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy? Yes No

If Yes, please provide full details:

Material Information

Please provide us with any information which may be relevant to our consideration of your proposal for insurance. If you have doubt over whether something is relevant, please let us have details.

Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1988. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I/We declare that (a) this proposal form has been completed after full enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Chairman/Chief Executive (or equivalent)

/ /

Date

A copy of this proposal should be retained for your records.