

## Personal Directors & Officers Liability Insurance Proposal Section One - General

1. Name of Proposer  
 (Please advise any former names)

2. Residential Address

3. Date of Birth  /  /

4. Professional Qualifications

5. Sum Insured Required (\$NZD)    1 million     2 million     5 million     10 million     Other \_\_\_\_\_  
 (please specify)

## Section Two – Specific Directorship Information

6. Please provide details of all the Companies/Organisations of which you are currently, or were previously, a director, chief executive officer, company secretary or trustee, and which are to be included under your policy. There is no need to list subsidiaries (legally defined) as the insurance cover extends automatically to include your directorships etc of such companies.

**NOTE - If more than four Companies/Organisations, please photocopy this section or provide a suitable schedule on a separate sheet.**

<b>Name of Company/ Organisation A</b>	<input type="text"/>	Company Status (public, private etc)	<input type="text"/>
Principal Activities	<input type="text"/>	Position Held	<input type="text"/>
<i>If Company is a Subsidiary</i>		Date of Appointment	<input type="text"/>
Name of ultimate holding company	<input type="text"/>	<i>If applicable</i> Date of Resignation/ Retirement	<input type="text"/>
	% of equity held in group	<input type="checkbox"/>	

<b>Name of Company/ Organisation A</b>	<input type="text"/>	Company Status (public, private etc)	<input type="text"/>
Principal Activities	<input type="text"/>	Position Held	<input type="text"/>
<i>If Company is a Subsidiary</i>		Date of Appointment	<input type="text"/>
Name of ultimate holding company	<input type="text"/>	<i>If applicable</i> Date of Resignation/ Retirement	<input type="text"/>
	% of equity held in group	<input type="checkbox"/>	

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	% of equity held in group	<input type="checkbox"/>	

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Principal Activities	<input type="text"/>	Position Held	<input type="text"/>
<i>If Company is a Subsidiary</i>		Date of Appointment	<input type="text"/>
Name of ultimate holding company	<input type="text"/>	<i>If applicable</i> Date of Resignation/ Retirement	<input type="text"/>
	% of equity held in group	<input type="checkbox"/>	

7. Do any of the Companies/Organisations listed in Section 2 have domiciled activities in USA/Canada? Yes  No   
**If YES, please provide details on a separate sheet.**

8. List any directorship, trusteeship or corporate position held by you which you are not proposing for insurance

**Section Two Confirmation**

I confirm that, after enquiry, I am satisfied that in regard to the Companies/Organisations listed in Section Two:

- There are no proposals involving any of the listed entities in any acquisition or merger that would be material to the risk proposed
- There are no proposals which may result in any of the listed entities being placed in receivership or liquidation
- None of the listed entities nor any subsidiary of the entities:
  - a) is insolvent (i.e. its' liabilities exceed its assets); or
  - b) is unable to pay its debts as they fall due; or
  - c) has ever had a receiver appointed over the whole or any part of its undertaking or assets; or
  - d) is in liquidation or is the subject of an outstanding winding-up petition, has issued notice of intention to apply for winding up or has issued notices of a meeting to consider a resolution for its liquidation; or
  - e) is the subject of statutory management or has entered into a scheme of arrangement with creditors.
- I have not received during the past five years any notification either from any regulatory body (including the Police) or from, the Company Secretary or any other directors or officers of any of the listed entities advice that I have been (during such period) or are in breach of any of the requirements of the Companies Codes or other statutory requirements

Confirmed  Not Confirmed

*If not confirmed, please attach explanation on a separate sheet.*

**Wherever possible, please provide with your proposal a copy of the latest annual accounts for each entity listed in Section Two.**

Accounts Attached Yes  No

**Insurances**

- Are you aware of any Directors and Officers Liability insurance cover already in existence in respect of any of the Companies/Organisations listed in Section Two? Yes  No
- If an insurance similar to that now being proposed had been in effect at the appropriate time would any claim made against you at any time in the last five years have fallen within the scope of such insurance? Yes  No
- Please advise whether you have ever made any claim under any other similar insurance that would have been dealt with under the terms of the proposed insurance? Yes  No
- Are you aware of any act, omission or dispute or alleged act, omission or dispute or other circumstances which you have reason to suspect might afford grounds for any future claim, which would fall to be dealt with under the scope of the proposed insurance? Yes  No
- Have you ever been refused this type of insurance or had similar insurance cancelled? Yes  No
- Have you ever been prohibited from holding Company Directorships? Yes  No

*If the answer to any of the above questions is "yes" please supply further details on a separate sheet for each company concerned.*

**Declaration**

I hereby declare that the information and answers given in this proposal are in every respect true and correct and that Vero Liability Insurance Limited is aware of all information that may be material in considering this proposal. I agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I undertake to inform Vero Liability Insurance Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract. I authorise Vero Liability Insurance Limited to obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me or any claim made by me. I understand that:

- Vero Liability Insurance Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/we am/are obliged to inform Vero Liability Insurance Limited of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Vero Liability Insurance Limited refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Signed  Position   
 Name  Date

Completion of this proposal does not bind the Proposer or Vero Liability Insurance Limited to complete this insurance.

**RETURN COMPLETED PROPOSAL TO**



**RiskSolutions Limited**  
 Po Box 91 747, Auckland  
 Tel: 09 302 3060 Fax: 09 302 4520

