



10 During the past three years has:

- (a) The name of the parent Company changed?  Yes  No
- (b) Any acquisition or merger involving the Company taken place?  Yes  No
- (c) The capital structure changed?  Yes  No
- (d) Any subsidiary Company ceased trading or been sold?  Yes  No

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

11 Has the Company revealed that any acquisition, tender offer or merger is pending or under consideration?  Yes  No

12 Is the Company aware of any proposal relating to its acquisition by another Company?  Yes  No

13 Is the Company intending to issue a new public offering of securities within the next year in Singapore or elsewhere?  Yes  No

If Yes to Q11 to 13, please provide details:

14 Please provide the following information for all subsidiaries of the Company:

Subsidiary name	% Ownership	Nature of operations	Date acquired/ created
	%		
	%		
	%		
	%		
	%		
	%		
	%		
	%		

15 Please provide a split of where Company revenue is generated by Country/Region:

Country/Region	% of Revenue
Singapore	%
Asia (specify)	%
Far East	%
New Zealand	%
Australia	%
Pacific Islands	%
UK & Europe	%
USA & Canada	%
Other (specify)	%
<b>Total (should equal 100%)</b>	<b>%</b>

16 If there is any revenue or business assets in the USA or Canada please provide details of what assets are held there and what work is undertaken there:

**DETAILS OF INSURED PERSONS**

17 Please list the full details of all current directors and executive officers:

Name	Professional qualifications	Years as a principal, partner, director of the business

18 Have any Directors or executive Officers of the Company resigned or been replaced within the last 12 months?  Yes  No  
 If Yes, please advise who and why:

19 Do any of the directors or officers hold (at the specific request of the Company) any executive positions on any joint venture, associated Company or other unrelated entity?  Yes  No  
 If Yes, and you would like this policy to provide cover for those board positions, please provide details:

Director or Officer's name	Outside Entity	Does the Outside Entity have D&O Insurance?	Date appointed

Note:

- (a) If you would like Insolvency cover in respect of any of these outside appointments we can consider granting this cover upon receipt of a copy of the most recent audited financial statements for the Outside Entity.
- (b) If we agree to provide cover for the Outside appointment, the cover will apply in excess of any indemnity from the Outside Entity and in excess of any cover provided under the Outside Entity's own insurance policies.

**FINANCIAL DETAILS**

20 Provide the following details from your most recent financial period:

(a) Total consolidated assets: \$ \_\_\_\_\_ (b) Total gross turnover (12 months): \$ \_\_\_\_\_

21 Are you aware of any facts or circumstances that could affect the Company's ability to meet its debts as and when they fall due?  Yes  No  
 If Yes, please provide details:

- 22 Has the Company changed its external auditing firm in the past five years or does the Company have any plans to remove or replace its external auditors in the next 12 months?  Yes  No  
If Yes, please advise why:
- 23 Have all revenue recognition practices been approved by your external auditor in the last five years?  Yes  No  
If No, please advise why:
- 24 Has the Company ever restated its financial results?  Yes  No  
If Yes, please advise why:

## RISK MANAGEMENT

- 25 How many dedicated human resource staff do you have?
- 26 Are all employees covered by a written employment contract?  Yes  No
- 27 Does the Policyholder and all of its Subsidiaries have a written Human Resources Manual or equivalent written guidelines for Managers?  Yes  No  
If Yes, has external legal counsel reviewed these guidelines?  Yes  No
- 28 Does the Policyholder and all of its Subsidiaries have an Employee Handbook which is distributed to all Employees?  Yes  No  
If Yes:  
(a) does it specify a complaints procedure available to all employees?  Yes  No  
(b) does it contain formal written policies for anti-harassment, anti-discrimination, equal opportunity employment and privacy?  Yes  No
- 29 (a) Is there mandatory ongoing training for all employees on anti-harassment and anti-discrimination policies?  Yes  No  
(b) Does this also form part of an induction program for new employees?  Yes  No
- 30 Does the Policyholder have written policies outlining employee conduct when dealing with the general public, customers, clients, vendors and other third parties?  Yes  No
- 31 Does the Policyholder have written policies or procedures for dealing with complaints from third parties for issues involving discrimination or harassment?  Yes  No
- 32 Do you engage internal or external counsel when contemplating redundancies, disciplinary action or terminations?  Yes  No

## INSURANCE HISTORY

- 33 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected?  Yes  No  
If Yes, please provide details in a separate attachment.
- 34 Please provide details of your current directors' and officers' indemnity coverage:  
Current insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Limit of indemnity: \$ \_\_\_\_\_ Excess: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

## CLAIMS INFORMATION

- 35 After enquiry has there been or is there now pending any claim or legal action against any proposed insured person in their capacity as a director or executive officer of the Company or its subsidiaries?  Yes  No  
If Yes, please provide full details in a separate attachment.
- 36 After enquiry, is any director or executive officer aware of any circumstances that might give rise to a claim under the proposed insurance?  Yes  No  
If Yes, please provide full details in a separate attachment.

- 37 After enquiry, is any director or executive officer aware of any actual or pending prosecution against the Company or its directors or executive officers under the Fair Trading Act, Companies Act, Commerce Act or other legislation in Singapore or other similar legislation in any other country?  Yes  No
- If Yes, please provide full details in a separate attachment.
- 38 After enquiry has any director or executive officer ever been declared bankrupt or ever been involved in a Company that has been involved in a receivership or liquidation?  Yes  No
- If Yes, please provide full details in a separate attachment.
- 39 After enquiry has any director or executive officer ever been subject to any disciplinary action, been fined or penalised or been the subject of an inquiry in their capacity as a director or executive officer?  Yes  No
- If Yes, please provide full details in a separate attachment.
- 40 After enquiry, have you ever had any workplace incidents that have resulted in claims or complaints made against you during the last 5 years, whether insured or uninsured?  Yes  No
- If Yes, please provide full claim details including the nature of claim (eg harassment, discrimination, constructive dismissal), the outcome or current status and details of what legal fees and compensation were paid (if any):

#### COVER REQUIRED

- 41 Limit of indemnity required:  \$1m  \$2m  \$5m  \$10m  \$15m  Other:
- 42 Level of excess required:  \$5,000  \$10,000  \$15,000  \$20,000  \$50,000  Other:
- 43 Please enclose with this proposal form:
- (a) The last one Annual Report for the Company:  Attached  N/A
- (b) The last two Interim Statements (if applicable):  Attached  N/A
- (c) Any Prospectus document issued in the last 12 months:  Attached  N/A

#### DECLARATION

I/We hereby declare after due enquiry of all Directors and Officers that all the information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Underwriting Private Limited in writing in a manner which would not mislead a prudent insurer.

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if I/we fail to disclose in this application, fully and faithfully, all the facts which I/we know or ought to know.

I/We undertake to inform Delta Underwriting Private Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Underwriting Private Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Underwriting Private Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Underwriting Private Limited refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date: