

Director's

Small Business Directors & Officers Liability Insurance Proposal Form For Private Limited Companies with Turnover up to £2,000,000

To apply for the *Director's* Insurance Policy, please fully complete the following Proposal Form. If the Applicant is aware of any material facts that may affect the Insurer's decision in providing this insurance, please disclose them to your broker, Blackfriars Group. If you are in any doubt as to what to tell Insurers, tell them anyway. Not doing so, may affect how they settle claims under the policy, or may render any policy issued invalid. If you require more space, attach a separate sheet and tick the proposal where it says 'more information attached'. It is very important that the person completing the Proposal Form understands fully that the Proposal Form applies to both the Company (the Applicant) and each Director individually. Upon receipt of your completed proposal your broker will submit the details to the Insurer for approval. Once approved, and upon receipt of the premium, taxes and fees, a Policy will be issued to your broker. Insurance coverage will not commence until your proposal has been accepted by the Insurer. Similar to other professional insurances the *Director's* Insurance Policy, is underwritten on what is known as a 'claims made basis'. This means that the policy will only provide cover for claims or circumstances discovered and notified to the Insurer during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer therefore, it is important to ensure that you have the cover that is right for you. If you have any questions about this type of insurance, would like to see a specimen of the full policy terms and conditions, or would like further advice about completing the Proposal or any other related matter, please tick the proposal where it says 'I would like my broker to contact me before finalising my policy'.

Applicant Company or Charity Name: _____

Company or Charity registration number: _____

Applicant is a : (Please tick or write yes next to the relevant option)

- Limited Company
 Registered Charity
 Company Limited By Guarantee

Address of Applicant:

(Principal address - including subsidiary and associated companies to be covered)

Applicant's Business or Industry Sector: _____

Proposed Inception Date for policy :

(12month policy period assumed)

_____ / _____ / 20_____

Name & Telephone number of person to contact about insurance: _____

Website & contact email address: _____

The statements below attach to the policy if one is issued. Insurers rely upon the answers to these statements when deciding whether or not to offer insurance to the Applicant. If the answer is No to any of the following statements Insurers will require some further information before proceeding. Your broker will provide you with a supplementary questionnaire for completion.

Statements	YES	NO
All the Applicant's shares are privately held (i.e. not publicly traded on any stock exchange) and will remain so for the next 18 months.		
The Applicant's annual report and accounts are current and not overdue to Companies House.		
The Applicant's financial statements have been prepared by a qualified accountant and are less than 18 months old.		
The Applicant, or its Directors, Officers or Managers, are not aware of any claim(s) that have been made in the past or any circumstance(s) that could give rise to a claim being made in the future against the		

Applicant, or its Directors, Officers or Managers involving the following: <ul style="list-style-type: none"> • its employees • its customers • its shareholders • its former or current Directors or shareholders • Government authorities; e.g. HM Revenue & Customs, Department of Trade and Industry • accountants, liquidators or receivers or, any other person or entity not mentioned above. <i>This is regardless of whether or not the claim(s) or, circumstance(s) has been notified to current or previous Insurer.</i>		
The Applicant can confirm that No business (es) under its past, present or planned future management or ownership involve any activities in Aviation, Banking, Telecommunications, National or Local Government or in an Insurance Company.		

Estimated Total Annual Turnover (£ pounds): _____

Select the level of cover by:

- 1) Identifying the Applicant's turnover range
- 2) Selecting the limit available for the level of turnover
- 3) Putting a **X** against the required limit of insurance (costs correct at time of writing – may be subject to update)

APPLICANTS ANNUAL TURNOVER	LEVEL OF COVER AVAILABLE TO APPLICANT INSURANCE PREMIUM TAX (IPT) = 5%		
	LIMIT	PREMIUM	INDICATE CHOICE – X -
UP TO £250,000	£50,000	£70 + IPT = £73.50	
	£100,000	£100 + IPT = £105.00	
	£250,000	£160 + IPT = £168.00	
	£500,000	£200 + IPT = £210.00	
£250,000 TO £1M	£250,000	£160 + IPT = £168.00	
	£500,000	£220 + IPT = £231.00	
	£1,000,000	£260 + IPT = £273.00	
£1M TO £2M	£500,000	£260 + IPT = £273.00	
	£1,000,000	£360 + IPT = £378.00	
£2M AND ABOVE	Insurers will require some further information to provide bespoke quotation		
CALCULATE COST PER ANNUM			
ANNUAL COST (PER SELECTION ABOVE WHICH INCLUDES IPT)			£
ADD – Policy Fee			£25.00
TOTAL cost per annum			£

Please tick (or write yes) if relevant -

There is more information attached to this proposal.

I would like my broker to contact me before finalising my policy.

Declaration

The Applicant warrants to the best of his or her knowledge and belief that all the information contained in this Proposal Form is true and includes all material information. The Applicant further warrants that if the information supplied herein changes between the date of this proposal and the inception date of the policy, the Applicant will immediately notify Insurers of such change, and accepts that in such circumstances, any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal on behalf of the Applicant.

Signature: _____

Dated: _____

Print Name: _____

Title: _____

(Must be Chairman, Managing Director or other board Director responsible for Insurance)