



# The Liability Company.

LIABILITY MATTERS

## Directors and Officers Liability Proposal Form

The policy will only respond to claims and/or circumstances, which are first made against you and notified to the Insurers during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to a claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

### Disclosure

**You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.**

If you do not understand any part of this document, please contact your broker before you sign it. You will be bound by the answers which are given, and by the information provided by you in the proposal form. It is in your interest to make sure that all information is properly understood. If you are in any doubt, discuss the issue with your broker or disclose the information to the Insurers.

### Attachments

**Before you return this form, have you included the following (please indicate yes or no)**

**Latest Audited Financial Statements**

Yes

No

**20 – F Filing (if relevant)**

Yes

No

**Claims information (if relevant)**

Yes

No

Please attach details where there is not enough space to answer any question in the space provided on this proposal form.

The Liability Company (Pty) Ltd

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The Liability Company is an authorised financial services provider (FSP 50828)

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Underwritten by:

**MUTUAL & FEDERAL** | risk  
financing

A member of the  **OLDMUTUAL** Group

**1. Client information**

Name of the firm or company (include list of subsidiaries if cover is required for them on a separate sheet)

Company Registration Number

Phone number or cellular

VAT Registration Number

Email

Date when first established

Web address

**2. Address and contact details (Include subsidiary details below if cover is required for them. Attach separate sheets if needed)**

Address

Address

Suburb

Suburb

Postal code

Postal code

Phone number

Phone number

Email

**3. Type of company (please tick)**

- a. Non-Profit Company
- b. Personal Liability Company
- c. Private Company
- d. Public Company
- e. State Owned Company
- f. Other

Type of business

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

**4. Shareholders**

Total number of shareholders

Shareholders who own 10% or more of the Company (provide details below)

Name

Percentage

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**4. Shareholders continued**

Do any shareholders listed above have any representation on the Board of Directors of the Company?

Yes  No

If so, please state their position and which company they represent?

| Name | Company |
|------|---------|
|      |         |
|      |         |
|      |         |

Is the company listed on any stock exchange?

Yes  No

If Yes, please state which Exchange, and give the original date of listing:

Are the Company's shares traded in the United States of America and subject to the United States Security Act of 1933 and/or the Securities Exchange Act of 1934:

Yes  No

If Yes, please provide details together with a copy of the latest 20 – F filing made to the USA Regulatory Authority

Has the Company made any offerings (public or private) in the last 18 months?

Yes  No

If Yes, please provide details

Please provide the information below for the previous two years

| Year                | Previous | Current |
|---------------------|----------|---------|
| Total Assets        | R        | R       |
| Turnover            | R        | R       |
| Net Income          | R        | R       |
| Current Assets      | R        | R       |
| Current Liabilities | R        | R       |
| Net Worth           | R        | R       |
| Operating Cash Flow | R        | R       |
| Debt                | R        | R       |

**5. Previous insurers**

Have you previously been insured and/or are you currently insured?

Yes  No

If yes, please provide:

Name of Insurers

Limit of Indemnity

Date of expiry

If "No", please note that Retro-Active Cover is not an option available to you.

*Retro-Active cover (back cover) – The date which any claim made against you will be indemnified in terms of the policy. This date is normally inception of the policy, however, retro-active cover may be purchased for up to three years at an additional premium subject to you being insured currently.*

If Retro-Active Cover is required, for what period?

1 yr  2 yrs  3 yrs

Have you at any time been refused similar insurance, or had special terms imposed by?

Yes  No

If Yes, please provide details

## 6. Claims

Have any claims alleging any negligent act, error or omission (successful or otherwise) been brought against you, your predecessors in business, or any present or past Directors?

Yes  No

If yes, have such matters been notified to current or previous Insurers?

Yes  No

Please provide full details

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## 7. Full inquiry details

Are you or any of the Directors, after having made a full enquiry aware of any of the following matters?

a. Any circumstances which may give rise to a claim against you, your predecessors in business, or any past, present or future Directors, Officers or Employees?

Yes  No

b. The receipt of complaints, whether oral or in writing, letters of demand or threats to hold you or any past or present Directors, Officers or Employees liable for any alleged breach of fiduciary duty?

Yes  No

If yes, please give full details

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## 8. Limit of indemnity

What Limit of Indemnity do you require?

R

## 9. Deductible

What Deductible are you prepared to carry?

R

**Claims made**

Directors and Officers Liability Insurance policies are underwritten on a "Claims Made" basis. This means that;

1. In order for a claim to qualify for indemnity a policy must be in force when the claim is first made against you. (In terms of the policy conditions you are obliged to notify Insurers as soon as you become aware of any circumstances which may lead to a claim. Any actual claim which then materialises would be deemed to be a claim under the policy which was in force at the time when the circumstance was first notified).
2. The cause of action giving rise to the claim must have taken place on or after the "retro-active date" shown in the Schedule of the policy.
3. If the policy has lapsed there will be no cover notwithstanding the fact that the policy may have been in force at the time when the cause of action occurred giving rise to the claim. It is therefore important to renew the policy annually. If the practice ceases it is recommended that run-off cover be taken for a minimum of three years.

**Retro-Active date**

The date on or after which any claim against you will be indemnified in terms of the policy. This date is normally fixed as being the date on which the cover was first taken and would remain unaltered for the purposes of subsequent renewals. When cover is first taken additional retro-active cover may be offered by Insurers subject to certain conditions and premium loadings.

**Declaration**

**I/We declare that the statements and particulars in this proposal are true and that I/ We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected thereon. I/ We undertake to inform the Insurers of any material alteration to these occurring before/ during/ after completion of the Contract of Insurance.**

**Signed at** \_\_\_\_\_ **dated** \_\_\_\_\_

**Full name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Cooling Off Rights**

You enjoy a period of 14 (Fourteen) days ("cooling-off period") from receipt of the Policy document following the inception date of the insurance agreement if taken or from the effective date of any variation thereof, during which you may rescind the agreement and provided that you have not claimed any benefit, are not in receipt of a claim made against you or reported any claim to the Insurer, the insurance agreement is annulled and you will be entitled to a refund of Premium paid.

The Insurer will give effect thereto and return premiums due to you less an administration charge within 30 (Thirty) days of the annulment.

10. Additional notes (if required)