

Directors and Officers Liability Statement of Fact

Please confirm the Name of the Policyholder(s) to be Insured:

Please state your Address:

Please state your business description:

As at the date of signing this Proposal Form, please confirm that all the following Statements are true with respect to the Company (ies) to be covered;

1. The Company:

- a. Is based and registered in Bermuda;
- b. Is not part of a Limited Liability Partnership;
- c. Latest financial statement shows positive net worth (total assets minus total liabilities)
- d. Has no group that is listed on any stock exchange.
- e. Principal business activities do not involve the provision or performance of legal advice.
- f. Has no assets in the United States of America
- g. Has no employees domiciled in the United States of America
- h. The Company has been trading for at least 12 Months
- i. The Company is a current member of The Centre on Philanthropy

2. Claims and Complaints:

Within the past 5 years there have been no claims and no Director has been the subject of any action(s) or investigation(s) or sanctions and there are no circumstances that you reasonably believe could give rise to a claim against the Company or any Directors.

3. Limit of Indemnity Requirements:

Limit of Indemnity (USD) D&O	Turnover From USD 0 to USD 10,000,000	Please Tick	Turnover From USD 10,000,001 to USD 25,000,000	Please Tick	Turnover From USD 25,000,001 to USD 50,000,000	Please Tick
500,000	729	<input type="checkbox"/>	810	<input type="checkbox"/>	900	<input type="checkbox"/>
1,000,000	1312	<input type="checkbox"/>	1458	<input type="checkbox"/>	1620	<input type="checkbox"/>
2,000,000	2361	<input type="checkbox"/>	2624	<input type="checkbox"/>	2916	<input type="checkbox"/>
3,000,000	3188	<input type="checkbox"/>	3542	<input type="checkbox"/>	3936	<input type="checkbox"/>
5,000,000	4782	<input type="checkbox"/>	5314	<input type="checkbox"/>	5904	<input type="checkbox"/>

4. Optional Coverage:

Optional Coverage	Limit of Indemnity USD 250,000	Please Tick	Limit of Indemnity USD 500,000	Please Tick	Limit of Indemnity USD 1,000,000	Please Tick
Employment Practice Liability (0-15 employees)	25%	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Employment Practice Liability (16+ employees)	30%	<input type="checkbox"/>				

***All premiums exclude tax which will be a return of 1% Bermudan Tax**

Cover: Directors and Officers as above: Excess Nil
Corporate Legal Liability at 100% of Directors and Officers selected limit of indemnity:
Excess Nil

Optional cover: Employment Practice Liability Limit as selected above excess USD 2,500

***All insuring clauses under this contract carry their own individual limits of indemnity.**

If any of the above Statements are not true, please provide full details below or provide separate additional information.

Notice: Please note that this proposal form is being completed by the proposer on behalf of all persons and entities for which coverage is being sought. Signing or completing this proposal does not bind the Proposer (or any individual or entity he or she is representing) or insurer to complete this insurance.

Declaration: It is declared that, after enquiry, to the best knowledge and belief of the Proposer, the responses contained in this Statement of Fact are true and accurate. The Proposer undertakes to inform Insurers of any change to the responses above before inception of the contract of insurance.

Signed: _____

Title: _____