



"A Symbol of Trust, Security and Progress"

# Tausi Assurance Company Limited

Tausi Court, Tausi Road, Off Muthithi Road, Westlands. P.O Box 28889 – 00200 NRB.

Telephone: 020-3746602/03, 2312681/85/93, Cell: 0729 145888, 0735 145020.

Pilot line: 0709 914000 Email: clients@tausiassurance.com.

Website: www.tausiassurance.com

## DIRECTORS' & OFFICERS' LIABILITY INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### PARTICULARS OF PROPOSER

#### 1. Name of company

Postal Address

P.O. Box:

Code:

Town:

Telephone Contact

Email Address

Cert of Incorporation Number:

(Attach copy)

PIN No.

(Attach copy)

Address of Head Office

Date from which Company has continually been in business

Business activity of the Company and its subsidiaries

Website

### 2. REQUESTED COVERAGE

Limit of Liability in the aggregate

Effective date

### 3. DETAILS OF OWNERSHIP

Is the Company

☐

Public

☐

Private

☐

Non-Profit

Are the shares of the Company or any of its Subsidiaries publicly traded?

☐

**YES**

☐

**NO**

If yes, please specify the exchange(s) on which they are listed:  
(if the Company has any of its shares in an unsponsored American  
Depository Receipt ADR program, please indicate):

	If yes, please specify percentage of shares traded: <hr/> <hr/>
Are there any shareholders (including Directors) Owning, directly indirectly or beneficially 10% or More of the shares?	<input type="checkbox"/> <b>YES</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>NO</b></span>
	If yes, please provide details: (if there is insufficient space please use a separate sheet)

Name	% of Shares	% of voting shares

4. SUBSIDIARY / OUTSIDE ENTITY INFORMATION	
Is coverage to include all Subsidiaries	<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> </div> <div style="margin-top: 5px;">         If yes, please provide details: (if there is insufficient space please          use a separate sheet)       </div> <hr/> <hr/> <hr/>

Name	Business	% Owned

Do any Directors, Officers or Employees hold any Outside Board positions at the behest of the Company?

☐ YES

☐ NO

If yes, is coverage for such positions desired:

☐ YES

☐ NO

If yes, please provide details: (if there is insufficient space please use a separate sheet)

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Organization Name	Territory	D&O's

## 5. HISTORY OF THE COMPANY

During the last five years, has:

The name of the Company changed?

☐ YES

☐ NO

Any acquisition or merger taken place?

☐ YES

☐ NO

Any Subsidiary been sold or acquired?

☐ YES

☐ NO

The Company changed its external auditors or external legal advisers?

☐ YES

☐ NO

The Company been in breach of any of its debts, covenants or loan agreements?

☐ YES

☐ NO

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

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## 6. NORTH AMERICA

This section is only to be completed if cover is required for claims made in the United States of America or Canada or claims made elsewhere arising out of the Company's operations in the United States of America or Canada

What are the total gross assets of the Company in North America?

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Does the Company have Subsidiaries in North America that are not wholly owned?

☐

YES

☐

NO

If yes, please provide details: (if there is insufficient space please use a separate sheet)

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Company Name	% Ownership	Owner of Minority

Does the Company have any shares, bonds debt or equity instruments in North America?

☐

YES

☐

NO

If yes, on what date was the last offering made?

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If yes, was the offering subject to regulation with the Securities Laws of North America?

☐

YES

☐

NO

If yes, please attach full details:

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## 7. POLICIES AND PROCEDURES

Has the Company ever restated its financial results?

☐

YES

☐

NO

If yes, please provide details:

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Does the Company anticipate having to take a significant one-time change to earnings, or restatement of earnings within the next 12 months?

☐

YES

☐

NO

If yes, please provide details:

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## 8. FORWARD LOOKING

Has the Company any acquisition, tender offer or merger pending or under consideration?

☐

YES

☐

NO

If yes, please provide details

Is the Company aware of any proposal relating to its acquisition by another company?

☐

YES

☐

NO

If yes, please provide details:

Is the Company intending a new public offering of securities within the next year?

☐

YES

☐

NO

If yes, please provide details:

Is the Company currently involved in or considering filing for bankruptcy?

☐

YES

☐

NO

If yes, please provide details:

## 9. INVESTIGATIONS/INQUIRIES

Has any official inquiry been undertaken by any regulatory governmental, professional or other authorized body into the activities of any or all of the Directors and/or Officers in any capacity?

☐

YES

☐

NO

If yes, please provide details:

## 10. Previous Insurance

Does the Company on behalf of its Directors or Officers have Directors & Officers Liability Insurance currently in force?

☐

YES

☐

NO

If yes, please provide details:

Limit of Liability

Insurer(s)

## 11. CLAIMS INFORMATION

Has the Company, or anyone for whom this insurance is intended, been involved in the following:

Any antitrust, copyright or patent litigation?

☐

YES

☐

NO

Any civil or criminal action or administrative proceeding alleging a violation of any security law or regulation relating to securities?

☐

YES

☐

NO

Any representative actions, class actions, or derivative suits?

☐

YES

☐

NO

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

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Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect?

☐

YES

☐

NO

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## 12. PRIOR KNOWLEDGE

Does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of this proposed insurance?

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YES

☐

NO

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

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### Declaration

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this                      day of                      20

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

**SIGNATURE**

DATE \_\_\_\_\_

**NB: -**

As an attachment to this proposal form, please include the following (where applicable):

- Most recent report and accounts/financial statements (annual report), and/or
- Latest available interim financial statements.