Directors & Officers – Statement of Fact

Name of Insured:

In order to provide you with a quotation we have assumed that the following statements are true. You will be asked to confirm that these statements are true if you wish to bind coverage. If one or more of these statements is not true please provide relevant details.

Basis of Acceptance

The following statements must be true for your business:

- the business is UK registered and privately owned.
- ~~the business has been in operation for longer than 24 Months~~
- an acquisition exceeding 50% of the gross total assets of the company has not occurred in the prior 12 months and nor is such planned or expected in the period now proposed for this insurance.
- ~~the business has not reported a net loss (or if a not for profit entity, reported income was greater than expenditure) within the last two financial years.~~
- no claim has been made against any director or officer in the past three years, nor is any person for whom the proposed insurance is to apply aware of any circumstance or incident which could give rise to a claim, whether or not the circumstance or incident has been notified to a Directors & Officers insurer.
- ~~the business has no revenue (sales) from the United States of America.~~
- the business have communicated all employment and grievance policies in writing to all employees.
- external Human Resources consultants or Legal Advisors are used to review all employment terminations.
- there have been no redundancies made in the last 3 months and none are planned in the next 12 months.

General Acceptance

This insurance contract is based on neither you nor your director(s) officer(s) or partner(s) having:-

- been convicted of or charged (but not yet tried) with a criminal offence other than (road traffic) motor offences
- received an official caution for a criminal offence within the last three years other than a (road traffic) motoring offence
- been declared bankrupt and/or are or have been subject of any winding up order, insolvent
- liquidation or administration or have made any composition or arrangement with creditors
- ~~been a director, officer or partner of a company which has gone into insolvency, liquidation, receivership or administration~~
- ever been prosecuted for failure to comply with any Health & Safety or Welfare or Environmental Protection legislation.

In respect of the business which is the subject of this Insurance contract, or any other business which you, your partners or directors have been involved with, no insurer has ever:-

- declined, cancelled or refused any proposal of insurance
- cancelled or declined to renew any insurance
- imposed special terms or conditions.

Allianz Insurance plc relies on this information in agreeing to underwrite this insurance contract. The information outlined in this document records assumptions which have been made about the proposed insured and is material in our assessment of, the eligibility for, and the terms, conditions and premium of this insurance policy.

The qualifying information within this document does not remove or diminish the Insured's and the intermediary's obligation to inform Allianz Insurance plc of any facts which are material to the risk. Allianz Insurance plc retains the right to avoid the insurance contract from inception in the event there has been a breach of the duty of disclosure.

Material Facts

Material facts are those facts which are likely to influence the Insurer in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in any doubt whether a fact is material, you should disclose it, since failure to do so could invalidate your policy, or result in a claim being repudiated.

Declaration

I/We warrant to the best of my/our knowledge and belief that all information contained in this Statement of Fact is true.

I/We further warrant that if information supplied herein changes between the date of this Statement of Fact and inception of this cover I/We will immediately notify the Insurer of such change and accept that in such circumstances the quotation may be modified or withdrawn.

I/We agree that this Statement of Fact, Declaration and any information given separately will form the basis of the insurance contract.

Authorised Signature:

Position in company:

Date: