



MAYFAIR INSURANCE ZAMBIA LIMITED

PROFESSIONAL INDEMNITY PROPOSAL FORM
FOR
DIRECTORS AND OFFICERS LIABILITY INSURANCE

PLEASE NOTE

THIS FORM MAY BE USED FOR RENEWALS OR NEW BUSINESS. IN THE CASE OF RENEWALS, THE COMPLETED FORM MUST BE RECEIVED BY THE UNDERWRITERS, AND ACCEPTANCE OF THE RENEWAL TERMS ADVISED TO THEM PRIOR TO RENEWAL DATE, FAILING WHICH NO COVER EXISTS AFTER SUCH DATE.

PLEASE ANSWER **ALL** QUESTIONS FULLY. IF THE SPACE PROVIDED IS INSUFFICIENT, A SEPARATE SHEET SHOULD BE ATTACHED.

1. Name of the Company:

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2. Address of the Company:

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3. Business of the Company:

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4. The Company has been continuously in business since (date)

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5. The Company has continuously paid cash dividends on its

a) Ordinary Shares since (date)

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b) Preference Shares since (date)

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6. a) The annual election date of Directors of the Company

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b) The compulsory retirement age, if any, of

i) Directors of the Company

ii) Officers of the Company

7. Subsidiary Companies:

<u>Name(s)</u>	<u>Business of the Subsidiary</u>	<u>% of Ownership</u>	<u>Date Acquired</u>
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8. In the applicable category below, state details of the annual year-end figures for the past three (3) years of the Company and all Subsidiary Companies.

Show currency applicable:

Banks	Total Deposits	.....	.....	.....
Industrial and Commercial Companies	Gross Turnover	.....	.....	.....
Insurance Companies (Including Brokers)	Gross Premium written	.....	.....	.....
Utilities (e.g. water, gas, electricity etc.)	Gross Revenue	.....	.....	.....
Transportation Companies	Gross Revenue	.....	.....	.....

9. Shares - please advise:

- a) Total number of ordinary shareholders
- b) Total number of ordinary shares
- c) Total number of ordinary shares owned by the Company's Directors
- d) Total number of ordinary shares owned by the Company's Officers (not Directors)

10. Please list those Personnel to be covered by the Policy and their duties of the general areas of their responsibility. These would presumably be the Directors, Managers and other Officials authorised to sign and act on behalf of the Company with a note of their responsibility e.g. Manager of the Motor Department.

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- 11. a) State Limit of Indemnity required: R
- b) Please state amount prepared to bear uninsured in respect of each and every claim: R

12. Within the scope of this proposed insurance

- a) has any claim been made or is now pending against any person proposed for insurance in the capacity of either Director or Officer of the Company? YES NO

If Yes, please give details.

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- b) has any Officer or Director of the Company any knowledge or information of any negligent act, error or omission which might give rise to a claim against them? YES NO

If Yes, please give details.

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NOTE

It is agreed, if such knowledge or information exists, any claim or action subsequently arising therefrom shall be excluded from the proposed insurance.

- 13. Has the Company, its Directors and Officers ever been involved in or have any knowledge of any pending litigation? YES NO

If Yes, please give details.

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14. State the name and address of the Bankers wherein the Company maintains its principal Bank account.

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15. Is it proposed to implement within the period of the proposed insurance:

a) an expansion programme YES NO

b) a takeover of another Company YES NO

c) an amalgamation or financial association with another Company or Companies in addition to normal trading expansion of the Company as now constituted? YES NO

If yes, notice must be given to Underwriters within thirty (30) days after approval by the Directors and an additional premium shall be payable if required.

16. Is this new cover additional to an existing "Errors and Omissions" Policy or a "Professional Indemnity" Policy, or some other such Policy? YES NO

If this is the case, the new Policy would have to be adapted so that it would be complementary to it. If there is an existing Policy, please give full details.

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17. Please supply details of any other relevant information such as your system for checking and your controls and safeguards.

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18. a) Approximate number of employees.

b) What percentage of employees have resigned, been terminated (with or without cause), or retired within the last twelve months?

c) Has the Company undergone in the past three years, or is the Company considering undergoing during the next two years, any employee retrenchments or early retirements, including those resulting from any type of Company restructuring or office, plant or store closing?

YES NO

If yes, please provide details

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d) Are all employment practices guidelines, policies and procedures reviewed by an attorney with experience in employment law?

YES NO

e) During the past three years, has any employee been involved in any claim, enquiry or investigation, complaint, or administrative proceedings regarding an employment-related wrongful act?

YES NO

If yes, please provide details.

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The undersigned Chairman of the Board or Managing Director of the Company declares that to the best of his knowledge the statements set forth herein are true.
It is agreed that this form shall be the basis of the Contract should a Policy be issued.

SIGNED:
(must be signed by the Chairman of the Board or Managing Director)

POSITION: Chairman / Managing Director
(Delete as applicable)

THE COMPANY:

DATE:

PLEASE NOTE

This Proposal must be accompanied by the **latest annual report and accounts** of the Company including:

- a) a list of Directors by name and area of responsibility
- b) a list of Officers by name and area of responsibility

OUR PHYSICAL ADDRESS AND CONTACT DETAILS

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