

Management Liability

North American Exposures Insurance Supplementary Proposal form



Guidelines to help you complete this Proposal Form

Reference to "Proposer" and "you" in this Proposal Form means:

- ▼ the Company and all subsidiary companies; and
- ▼ the directors and officers of the Company and all subsidiary companies.

Reference to "North America" in this Proposal Form means the USA and Canada and their respective territories and protectorates.

This Proposal Form is to be completed if the Company or its subsidiary companies conduct business, have representation, own assets in or derive revenue from North America.

Representation includes subsidiary companies, local offices or local representation by any person or concern holding a power of attorney on behalf of the Company or its subsidiary companies.

1. Name of Company

2. Please provide the following information for each company or business in North America.

Name of company/business	Type of representation (branch/subsidiary/ joint venture/ associated company)	Location	Nature of business
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Does the Company or its subsidiaries have any manufacturing facilities in North America? Yes No
4. Does the Company have any subsidiaries in North America which are not wholly owned? Yes No

If Yes, state:

Name of subsidiary	Percentage owned	Identity of minority shareholders
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Does the Company or its subsidiaries have any stock, shares, American Depository Receipts, debentures or any other debt or equity in North America? Yes No

If Yes, please provide details

6. Does the Company or its subsidiaries have any employee stock ownership plans in North America? Yes No

If Yes, please provide details

Declaration

I the undersigned declare that:

- (i) I am authorised by each of the Proposers to sign this Proposal Form; and
- (ii) the above statements are correct, true and complete; and
- (iii) no information material to this Proposal Form has been withheld; and
- (iv) I have read and understood the notices which you have put before me and I understand the advice given in relation to the duty of disclosure; and
- (v) I have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- (vi) I understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- (viii) I acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me in relation to this insurance; and
- (ix) Except where indicated to the contrary, I understand that any statement made in this Proposal Form will be treated by Vero as a statement made by all persons to be insured; and
- (x) I have read Vero’s Privacy Statement on this Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Proponents for the purposes shown in the Privacy Statement.

Signed

Title

Company

Date

NB: To be signed by the Chief Executive Officer, Company Secretary or Managing Director

We recommend that you keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this contract.