

DIRECTORS AND OFFICERS AND CORPORATE LIABILITY INSURANCE

APPLICATION FORM

ALL COMPANIES**IMPORTANT NOTICE TO THE APPLICANT**

To apply for Directors and Officers Liability, Corporate Liability or Employment Practices Liability Insurance, please fully complete the following Application Form. It is very important that the person completing the Application Form understands that full disclosures must be made on the basis of proper enquiries and that the Application Form applies to the "Applicant". The "Applicant" includes the Applicant Company, any subsidiaries and its Directors individually.

SECTION 1 - ABOUT THE APPLICANT (Please write in block capitals or cross the appropriate boxes as required)

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. APPLICANT COMPANY NAME: | 5. PERSON TO CONTACT ABOUT INSURANCE: |
| 2. WEBSITE & CONTACT EMAIL ADDRESS: | 6. CONTACT TELEPHONE NUMBER(S): |
| 3. APPLICANT COMPANY IS:
<input type="checkbox"/> Limited by Shares <input type="checkbox"/> Limited by Guarantee
<input type="checkbox"/> Other _____ | 7. COMPANY REGISTRATION NUMBER: |
| 4. ADDRESS OF APPLICANT: (Principal address) | 8. APPLICANT'S BUSINESS OR INDUSTRY SECTOR: |
| | 9. PROPOSED INCEPTION DATE FOR POLICY:
(12 month policy period assumed) |

QUALIFYING STATEMENTS

The answers to questions and statements below attach to the Policy if one is issued. Insurers rely upon these answers when deciding whether or not to offer insurance to the Applicant, and if so, on what terms.

SECTION 2 - FINANCIAL STATEMENTS

- | THE APPLICANT CAN CONFIRM THAT | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 10. The Applicant Company's shares (if any) are privately held (i.e. not publicly traded on any stock exchange) and are expected to remain so for the next 18 months. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If the Applicant Company has answered NO to 10 above: | | |
| a) Are its shares traded or expected to be traded on the London Stock Exchange or any other Exchange where its shares may be bought or sold? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If YES state which Exchange and date (or proposed date) of initial listing: | | |
| 12. The Applicant Company has NOT raised any funds from external parties in the past 18 months and has no plans to do so in the future. | <input type="checkbox"/> | <input type="checkbox"/> |

If NO please provide details of all fund raising including but not limited to any agreement(s) made or planned with Financial Institutions, Private Equity Firms, Venture Capitalists or other providers in the Additional Information Section.

Please also attach copies of any prospectus, shareholder agreements and / or loan documents.

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- | THE APPLICANT CAN CONFIRM THAT | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 13. The Applicant Company has been in continuous operation for more than 12 months.
<i>If NO please provide date or expected date of commencement _____</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. NO individual or entity holds 25% or more of the Ordinary Share Capital of the Applicant Company.
<i>If NO please provide details of shareholdings of 25% or more in the Additional Information Section.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The Applicant Company's latest financial statements are audited, or if not required to be audited, are prepared by a qualified accountant and are less than 18 months old.
<i>If NO please provide an explanation in the Additional Information Section.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The Applicant Company's latest financial statements are not qualified.
<i>If NO please provide an explanation in the Additional Information Section.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The Applicant Company's latest financial statements show a profit before tax.
<i>If NO please provide an explanation in the Additional Information Section and attach latest financial statements.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The Applicant Company has NOT acquired any companies or concerns since its last financial year end which have increased its total assets by 50% or more.
<i>If NO please provide details of all acquired companies or concerns in the Additional Information Section.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The Applicant Company has NO mergers or acquisitions planned.
<i>If NO please provide details of all mergers or acquisitions planned in the Additional Information Section.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 3 - BUSINESS STATEMENTS

- | THE APPLICANT CAN CONFIRM THAT | YES | NO | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|----------------------------|-----------------------------------|--------------------------------|------------------------------|---------------------------|---------------|---------------------------|--------------------|----------------------------|--------------------|--------------------------------|---------|--|--|--|
| 20. NO business(es) or other activities under the Applicant Company's past, present or planned future management or ownership involve any activities in: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Commercial Airlines</td> <td style="width: 33%;">Pharmaceuticals</td> <td style="width: 33%;">Banking or Fund Management</td> </tr> <tr> <td>Private Equity or Venture Capital</td> <td>Building or Friendly Societies</td> <td>National or Local Government</td> </tr> <tr> <td>Financial Fund Management</td> <td>Stock Broking</td> <td>Lloyd's Insurance Broking</td> </tr> <tr> <td>Sports Agency(ies)</td> <td>Insurance or Reinsurance *</td> <td>Telecommunications</td> </tr> <tr> <td>Pension Schemes – Final Salary</td> <td>Tobacco</td> <td></td> </tr> </table> <p><i>*rather than merely an intermediary or service provider</i></p> | Commercial Airlines | Pharmaceuticals | Banking or Fund Management | Private Equity or Venture Capital | Building or Friendly Societies | National or Local Government | Financial Fund Management | Stock Broking | Lloyd's Insurance Broking | Sports Agency(ies) | Insurance or Reinsurance * | Telecommunications | Pension Schemes – Final Salary | Tobacco | | | |
| Commercial Airlines | Pharmaceuticals | Banking or Fund Management | | | | | | | | | | | | | | | |
| Private Equity or Venture Capital | Building or Friendly Societies | National or Local Government | | | | | | | | | | | | | | | |
| Financial Fund Management | Stock Broking | Lloyd's Insurance Broking | | | | | | | | | | | | | | | |
| Sports Agency(ies) | Insurance or Reinsurance * | Telecommunications | | | | | | | | | | | | | | | |
| Pension Schemes – Final Salary | Tobacco | | | | | | | | | | | | | | | | |

21. Please provide the Applicant Company's turnover in each of the financial periods derived from clients based in each of the territories below:

TERRITORY	LAST FINANCIAL YEAR ENDED ____/____/____	CURRENT FINANCIAL YEAR ENDED ____/____/____	COMING FINANCIAL YEAR ENDED ____/____/____
UK			
EU			
USA/CANADA			
OTHER			
TOTAL			

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 22. Does the Applicant Company have any subsidiaries, assets or shareholders in the USA/Canada?
<i>If YES Please provide a complete description, in the Additional Information Section, of the Applicant Company's operations in the USA and or Canada, (including any subsidiary or associated Companies to be covered).</i> | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 4 - EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE)

THE APPLICANT CAN CONFIRM THAT YES NO

23. None of the Applicant Company's employees* is permanently based in the London postcodes EC or WC.
If NO please provide an explanation in the Additional Information Section.

24. The Applicant Company's total annual payroll divided by its total number of employees* is £50,000 or less.
If NO please provide the actual figure in the Additional Information Section.

25. Please provide the total number of the Applicant Company's employees* in each of the territories below:

TERRITORY	LAST FINANCIAL YEAR	CURRENT FINANCIAL YEAR	COMING FINANCIAL YEAR
UK			
EU			
USA/CANADA			
OTHER			

26. The Applicant Company ensures that all its existing and new employees* have a signed contract of employment.
If NO please provide an explanation in the Additional Information Section.

27. The Applicant Company has a written grievance procedure in place, which is communicated to all employees*.
If NO please provide an explanation in the Additional Information Section.

28. The Applicant Company is NOT currently undergoing or contemplating any involuntary redundancies or terminations.
If NO please provide an explanation in the Additional Information Section.

29. None of the Applicant Company's employees* is engaged in any activities involving:

- i) news, media or broadcasting
- ii) private members clubs, night clubs or bars
- iii) doctors' or cosmetic surgeries or dental practices

*includes part time and seasonal workers

SECTION 5 - PREVIOUS EXPERIENCE STATEMENT

THE APPLICANT CAN CONFIRM THAT YES NO

30. The Applicant, or its Directors, Officers or Managers, are NOT aware of any claim(s) that have been made in the past, or any circumstance(s) that could give rise to a claim being made in the future, against the Applicant Company, or its Directors, Officers or Managers involving the following:

- its employees (including but not limited to Employment Tribunals)
- its customers
- its shareholders
- its former or current Directors or Shareholders
- Government authorities e.g. HM Revenue & Customs, Department for Business, Enterprise and Regulatory Reform (formerly the Department of Trade and Industry)
- accountants, liquidators or receivers
- or any other person or entity not mentioned above.

Regardless of whether or not the claim(s) or circumstance(s) has been notified to a current or previous Insurer

SECTION 6 - SELECT LEVEL OF COVER

Use the table below to select the level of cover required.

All Angel Policyholders receive:

- free legal advice from qualified solicitors on matters likely to give rise to claim.
- a free fortnightly newsletter - Company Director Tips and Advice – published by Indicator®

Policyholders who opt for Employment Practices Liability insurance also receive Indicator®'s Personnel Tips and Advice newsletter and 3 months access to Indicator®'s Personnel Plus website

¹Refer to the Policy wording for full terms, clauses, conditions and exclusions.

THE ANGEL D&O POLICY ¹	PLUS CORPORATE LIABILITY ¹	PLUS CORPORATE AND EMPLOYMENT PRACTICES LIABILITY ¹
<ul style="list-style-type: none"> ✓ Directors and Officers Liability from covered Wrongful Acts (including Managers and Supervisors) ✓ Defence and Investigation Costs from covered Wrongful Acts ✓ Criminal Defence Costs ✓ Pollution Defence Costs ✓ Extradition Defence Costs ✓ Claims/allegations of race, sex, age and disability discrimination against a Director ✓ 6 Years Cover for retiring Directors ✓ Cover for Outside Directorships ✓ Identity Theft Costs & Expenses 	<ul style="list-style-type: none"> ✓ Corporate Liability from covered Wrongful Acts ✓ Defence and Investigation Costs from covered Wrongful Acts ✓ Criminal Defence Costs ✓ Pollution Defence Costs ✓ Defence Costs for Breach of Contract ✓ Additional Limit for Unindemnifiable Loss <p>Deductible applies</p> <p>Plus all the benefits of the Angel D&O Policy¹</p> <p>May not be available in certain circumstances</p>	<ul style="list-style-type: none"> ✓ Corporate Liability from covered Employment Practices Wrongful Acts including: ✓ Defence and Investigation Costs from covered Employment Practices Wrongful Acts ✓ Claims/allegations of unfair dismissal, race, sex, age and disability discrimination <p>Deductible applies</p> <p>Plus all the benefits of the Angel D&O Policy with Corporate Liability¹</p> <p>May not be available in certain circumstances</p>

REQUESTED COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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REQUESTED LIMIT

£500,000
 £1,000,000*
 £2,000,000*
 £5,000,000*
 £10,000,000*
 Other £ _____

* Employment Practices sub limit £500,000

Does the Applicant currently have the same or similar insurance in place?

If Yes, please provide the following details:

Type of Cover _____ Insurer _____

Limit _____ Renewal Date _____



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