

# Directors' & Officers' Liability Insurance for Financial Institutions

### **PROPOSAL FORM**

### Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper

Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information that you know or ought to know following a reasonable search of information available to you. Please take all reasonable care to answer all of the questions honestly, clearly and to the best of your knowledge. If you do not answer all the questions correctly, or the declaration honestly, your policy may be cancelled and any claim rejected or not fully paid.

The completion and signature of this proposal form does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

| Α. | General Details                                |          |      |  |        |     |     |      |  |
|----|--|----------|------|--|--------|-----|-----|------|--|
| 1. | a) Name of Proposer:                           |          |      |  |        |     |     | <br> |  |
|    | b) Principal address of Proposer:              |          | <br> |  |        |     |     | <br> |  |
|    |  |          |      |  |        |     |     |      |  |
|    |  |          |      |  |        |     |     |      |  |
|    |  |          |      |  | Postco | ode |     |      |  |
| 2. | Internet Address or website:                   |          |      |  |        |     |     | <br> |  |
| 3. | Nature of activities of the Proposer:          |          |      |  |        |     |     | <br> |  |
|    |  |          |      |  |        |     |     | <br> |  |
|    |  |          |      |  |        |     |     |      |  |
|    |  |          |      |  |        |     |     |      |  |
| 4. | Is the Proposer licensed by any regulatory au  | thority? |      |  |        |     | Yes | No   |  |
|    | If so, please list the regulatory authorities. |          |      |  |        |     |     |      |  |
|    |  |          |      |  |        |     |     |      |  |
|    |  |          |      |  |        |     |     |      |  |
|    |  |          |      |  |        |     |     |      |  |
|    |  |          |      |  |        |     |     |      |  |
|    |  |          |      |  |        |     |     | <br> |  |
| 5. | On what date was the Proposer first establish  | ned?     |      |  |        |     |     |      |  |

 a) Is the Proposer listed on any local or overseas stock exchange? If yes, please provide full details. Yes

No

### b) Is the Proposer traded in any other way?

If yes, please provide full details.

No

| 7.  | Please list:  |  |                      |            |       |  |  |  |  |  |  |  |  |
|-----|---|--|----------------------|------------|-------|--|--|--|--|--|--|--|--|
|     | a) Total number of shareholders:  |  |                      |            |       |  |  |  |  |  |  |  |  |
|     | b) Total number of shares issued:   |  |                      |            |       |  |  |  |  |  |  |  |  |
|     | c) Percentage of shares owned by Directors  | and Officers (directly and beneficially):      |                      |            | %     |  |  |  |  |  |  |  |  |
| 8.  | Are there any shareholders who own 10% or   | more of the issued shares?                     |                      | Yes        | No    |  |  |  |  |  |  |  |  |
|     | If yes, please provide details.   |  |                      |            |       |  |  |  |  |  |  |  |  |
|     |   |  |                      |            |       |  |  |  |  |  |  |  |  |
| 9.  | Has there been during the past three (3) year   | ars, or is there now proposed:                 |                      |            |       |  |  |  |  |  |  |  |  |
|     | a) any acquisition or merger, or offering i   | nvolving the Proposer?                         |                      | Yes        | No    |  |  |  |  |  |  |  |  |
|     | b) any change in the name of the Propose  | er?  |                      | Yes        | No    |  |  |  |  |  |  |  |  |
|     | c) any subsidiary sold or ceased trading?   |  |                      | Yes        | No    |  |  |  |  |  |  |  |  |
|     | If yes, please provide full details.  |  |                      |            |       |  |  |  |  |  |  |  |  |
|     |   |  |                      |            |       |  |  |  |  |  |  |  |  |
| 10. | Number of employees:  |  |                      |            |       |  |  |  |  |  |  |  |  |
|     | Breakdown of employees:   |  |                      |            |       |  |  |  |  |  |  |  |  |
|     | Portfolio Manager   | HR De  | partment             |            |       |  |  |  |  |  |  |  |  |
|     | Compliance Department   | Resear   |                      |            |       |  |  |  |  |  |  |  |  |
|     | Internal Audit Department   | Market   | ing/ Sales Departmer | it         |       |  |  |  |  |  |  |  |  |
|     | Legal Department  | Others   | 5                    |            |       |  |  |  |  |  |  |  |  |
| 11. | Has any government agency, foreign or dome<br>Proposer within the past three (3) years?<br>If yes, was any letter of deficiency or review of<br>If yes, please attach a copy of such letter and | of licensing received as a result of the inspe | ction?               | Yes<br>Yes | No No |  |  |  |  |  |  |  |  |
| 12. | Number of offices   |  |                      |            |       |  |  |  |  |  |  |  |  |
| 12. | Number of Offices   |  |                      |            |       |  |  |  |  |  |  |  |  |

### 13. Are any of the Proposer's offices located in the USA?

Yes

No

If yes, please state the number and their location(s).

|     |   |     | <br> |  |
|-----|---|-----|------|--|
| 14. | Please give total gross assets in USA:  |     |      |  |
| 15. | Any traded debt or commercial paper in USA  | Yes | No   |  |
|     | If 'yes', please provide details  |     |      |  |
| 16. | Any stocks or shares traded in the form of an ADR programme?                                  | Yes | No   |  |
|     | If 'yes', please provide details:   |     |      |  |
|     | - ADR level / sponsored or un-sponsored / ADR's as a percentage of total issued share capital |     |      |  |
| 17. | Any equity securities traded in North America?  | Yes | No   |  |
|     | If 'yes', please provide details  |     |      |  |
|     |   |     |      |  |
|     |   |     |      |  |

# B. Outside Directorships

| Is cover required for any Outside Directorships currently or previously held in any Outside |     |    |  |
|---|-----|----|--|
| Organisation with the knowledge and consent or at the request of the Proposer?              | Yes | No |  |

[Outside Directorship means any position currently or previously held by an Insured in any Proposer or organisation, which is not a subsidiary of the Proposer and which is held at the request of the Proposer.]

If yes, please complete the table on the last page of this Proposal.

### C. Audit & Internal Procedures

### Internal Audit:

| 1. | Is the | ere an Internal Audit Department that is separate from the  |     |    |  |
|----|--------|---|-----|----|--|
|    | audit  | ing services provided by an external auditor?   | Yes | No |  |
|    | If yes | 5:  |     |    |  |
|    | a)     | How often are full internal audits conducted?   |     |    |  |
|    | b)     | Have they been trained to fulfil this function?   | Yes | No |  |
|    | c)     | Are the personnel responsible for auditing free of all other operational responsibilities and forbidden to originate entries? | Yes | No |  |
|    | d)     | Does the Internal Audit Department conduct a periodic surprise audit of   |     |    |  |
|    |        | internal control systems at all locations?  | Yes | No |  |
|    | e)     | Is the internal audit department independent of any other function?   | Yes | No |  |
|    | f)     | Does the Internal Auditor report directly to the Audit Committee of the Board of Directors?                                   | Yes | No |  |

### 2. Do you have procedures in place to monitor the implementation of recommendations made by the internal audit department? If no, please explain:

Yes

No

### **External Audit:**

| 3.  | State the name of the external auditors who fully audit your accounts.   |        |
|-----|--|--------|
|     |  |        |
| 4.  | How often are full external audits conducted?  |        |
| 5.  | Does the audit include all offices and branches, including Data Processing offices?  | Yes No |
|     | If no, what form does the audit take?  |        |
|     |  |        |
| 6.  | Does the external auditor:   |        |
|     | a) regularly review the system of internal control and furnish written reports?  | Yes No |
|     | b) report directly to the Audit Committee of the Board of Directors?   | Yes No |
| 7.  | Has the firm rendered an unqualified opinion for each of the last five (5) years?  | Yes No |
| 8.  | Has there been any change in the firm used by the Proposer in the last five (5) years?   | Yes No |
|     | If yes, please explain.  |        |
|     |  |        |
|     |  |        |
| 9.  | Have all recommendations been complied with as a result of the most recent audit?  | Yes No |
|     | If no, have you adopted alternative arrangements to the satisfaction of your auditor?  | Yes No |
|     |  |        |
| Pro | cedures:   |        |
| 1.  | Does the Proposer utilize means to monitor and verify the trading activity of its directors, officers and employees to ensure compliance with the Proposer's insider trading policy? | Yes No |
| 2.  | Has the Proposer adopted a policy which identifies extraordinary situations where the  |        |
|     | trading window would be closed (i.e. pending major press announcements, merger or  |        |
|     | acquisition activities, etc.)?   | Yes No |
| 3.  | Does the Proposer, or any of its Subsidiaries conduct any form of business with<br>partnerships or Special Purpose Vehicles or Entities?   | Yes No |
|     | If "Yes," please provide details.  |        |
|     |  |        |
|     |  |        |
| 4.  | Has the Audit Committee received legal advice that the Proposer's business dealings  |        |
|     | with the Special Purpose Vehicle or Entity do not present any conflicts of interest?Yes  | No     |
| 5.  | If the Proposer does engage in inter-related party transactions, has the Board of<br>Directors specifically approved these transactions?   | Yes No |
|     | Are these inter-related party transactions candidly and plainly described in   |        |
|     | the Proposer's financial statements?   | Yes No |
| 6.  | Does the Proposer provide to its Directors and Officers conflict of interest questionnaires  |        |
|     | and guidelines?  | Yes No |

## D. Legal Counsel

|    | 6                               |   |         |  |  |  |  |  |  |  |  |  |  |
|----|---------------------------------|---|---------|--|--|--|--|--|--|--|--|--|--|
| 1. | a)                              | State the names of external legal counsel routinely utilized.   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    | b)                              | What is external legal counsel used for?  |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    | c)                              | Is there an in-house Legal Department?  | Yes No  |  |  |  |  |  |  |  |  |  |  |
|    |                                 | If yes, what are the department's responsibilities?   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
| 2. | Is th                           | ere a standard written agreements/contracts/letter of offer setting out the   |         |  |  |  |  |  |  |  |  |  |  |
|    | term                            | ns and conditions of the services provided?   | Yes No  |  |  |  |  |  |  |  |  |  |  |
|    | lf ye                           | s, (i) are all contracts approved by legal counsel?   | Yes No  |  |  |  |  |  |  |  |  |  |  |
|    |                                 | (ii) do all contracts provide indemnity and/or limitations to the Proposer's liability?   | Yes No  |  |  |  |  |  |  |  |  |  |  |
| 2  | A                               |   |         |  |  |  |  |  |  |  |  |  |  |
| 3. |                                 | all publications, marketing material, or other product services communications,<br>ewed by legal counsel prior to their release to third parties? | Yes No  |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   | ies ino |  |  |  |  |  |  |  |  |  |  |
|    | If not, please provide details. |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
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| _  |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
| E. | Cla                             | ims History   |         |  |  |  |  |  |  |  |  |  |  |
| 1. | Have                            | e there been, or is there now pending any suits, claims, or proceedings against the   |         |  |  |  |  |  |  |  |  |  |  |
|    | Prop                            | ooser or any Director, Officer, Employee, Trustee or agents proposed for coverage?  | Yes No  |  |  |  |  |  |  |  |  |  |  |
|    | If ye                           | s, please provide full details.   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   | ]       |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
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|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
| 2. | Is th                           | e Proposer, or any Director Officer, Employee, Trustee or agents proposed for this  |         |  |  |  |  |  |  |  |  |  |  |
|    | insu                            | rance aware of any fact, circumstance, situation or Wrongful Act which would fall   |         |  |  |  |  |  |  |  |  |  |  |
|    | with                            | in the scope of the proposed insurance?   | Yes No  |  |  |  |  |  |  |  |  |  |  |
|    | lf ve                           | s, please provide full details.   |         |  |  |  |  |  |  |  |  |  |  |
|    | , ,                             |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |
|    |                                 |   |         |  |  |  |  |  |  |  |  |  |  |

| 3. | Has any claim been made under any prior or current insurance policies in the last six (6) years,    |
|----|---|
|    | providing coverage to the $Proposer,$ the $Fund(s),$ or any Director, Officer, Employee, Trustee or |
|    | agents for this insurance, or has notice been given to any Proposer providing such coverage?        |

Yes

No

If yes, please provide full details.

In respect to Questions G1, G2 and G3, it is agreed that if the Proposer or any Director, Officer, Employee, Trustee or agents are aware of any such suit, claim, proceeding, fact, circumstance, situation or Wrongful Act, any claim subsequently arising therefrom will not be covered under this policy.

4. Has any insurer refused, cancelled or non-renewed coverage?

If yes, please state reasons:

1. Provide the following information of existing insurance policies for the investment manager:

|    |   | Insurer                | Limit | Deductible | E   | kpiry Dat | e |
|----|---|------------------------|-------|------------|-----|-----------|---|
|    | Directors' and Officers' Liability        |                        |       |            |     |           |   |
|    |   |                        |       |            |     |           |   |
| 2. | Effective Date of coverage:               |                        |       |            |     |           |   |
| 3. | Coverage requested:                       |                        |       |            |     |           |   |
|    | Limit of Liability – Aggregate each Polic | y Period               |       |            |     |           |   |
|    | Deductible Required                       |                        |       |            |     |           |   |
| 4. | Do you require Employment Practices       | Liability (EPL) cover? |       |            | Yes | No        |   |

If Yes, please complete a supplementary EPL proposal form.

# Declaration

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal form are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this proposal form has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We also declare that no other insurer has ever declined a proposal, declined to pay a claim in full or in part, cancelled or declined to renew my/our insurance or invited renewal at special terms.

I/We declare that no partner or director has ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974, been declared bankrupt whilst being a director of a company that went into liquidation, receivership or administration or been disqualified from being a director.

I/We declare that I/We have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers Insurance Company Limited.

I/we have read the above and declare that to the best of my/our knowledge and belief the statements are true and complete.

### Signature of the proposer

(Principal/Partner/Member/Director or functional equivalent)

### Print name and position held

### For and on behalf of

(Insert name of Company/Firm)

Date

### NO COVER IS IN FORCE UNTIL CONFIRMED BY THE COMPANY.

### Using personal information

How we treat information about you and your rights under data protection legislation

In order to provide our insurance services, we (Travelers Insurance Company Limited acting as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

If your policy includes motor cover, your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC).

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click http://www.travelers.co.uk/main/privacy-policy.aspx.

Travelers Insurance Company Limited 61-63 London Road, Redhill, Surrey, RH1 1NA

Travelers Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered office: One Creechurch Place, Creechurch Lane, London, EC3A 5AF. Registered in England 1034343

# Schedule of Outside Directorships

|  |  |  |  | 1 |  |  |  |  |   |
|--|--|--|--|---|--|--|--|--|---|
|  |  |  |  |   |  |  |  |  | Name of<br>Portfolio Proposer                 |
|  |  |  |  |   |  |  |  |  | Date<br>Established                           |
|  |  |  |  |   |  |  |  |  | Domicile                                      |
|  |  |  |  |   |  |  |  |  | Ownership<br>(Listed/<br>unlisted)            |
|  |  |  |  |   |  |  |  |  | Total Revenue<br>This Year                    |
|  |  |  |  |   |  |  |  |  | Profit/(Loss)<br>This Year                    |
|  |  |  |  |   |  |  |  |  | Proposer<br>Activity                          |
|  |  |  |  |   |  |  |  |  | % Owned By<br>Fund                            |
|  |  |  |  |   |  |  |  |  | No. of<br>Directors on<br>Board/<br>Majority? |
|  |  |  |  |   |  |  |  |  | D&O<br>Insurance                              |
|  |  |  |  |   |  |  |  |  | D&O Limit &<br>Insurer                        |