|  |  |
| --- | --- |
| **Application Form**axa_logo_solid_rgb |   |
|   |
|   |

**NextPro: Commercial Management
Liability Insurance**

|  |
| --- |
| **DISCLAIMER**THE APPLICANT REPRESENTS THAT THE BELOW STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESED OR MISTATED. COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT’S ACCEPTANCE OF THE INSURER’S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. |

Please fully answer all questions and provide details where required. If a private company, please attach a copy of your most recent financial statement.

Does your company undertake business activities in the financial sector? **□** Yes **□** No

*If Yes, please provide details*



**1**

**COMPANY DETAILS***.*

**2**

**BUSINESS DETAILS**

Does your company have any assets in the USA or Canada? **□** Yes **□** No

*If Yes, please provide details*

Date business established:

Please describe your business activities:

Name:

Address:

Website address :

Has any merger or acquisition taken place in the last 3 years? **□** Yes **□** No

*If Yes, please provide details*

Is more than 10% of the turnover of your company generated in the USA and Canada? **□** Yes **□** No

*If Yes, please provide details*

**CLAIMS DETAILS**

**SHARE OWNERSHIP***.*

In the last 5 years, has the company or any past or present director, trustee or employee been the subject of

an official investigation? **□** Yes **□** No

*If Yes, please provide details*



4

3

Does any shareholder or associated group of shareholder own or control, directly or indirectly more than 5% of

the ordinary share capital of the company? **□** Yes **□** No

*If Yes, please provide details*

D&O Insurance Application Form (Europe) 05/12

Do your latest audited report and accounts show a positive net worth, retained net profit and are not qualified

by accountants? **□** Yes **□** No

In the last 5 years, has any claim been made against the company or any past or present director, trustee or

employee which would have been covered by this policy? **□** Yes **□** No

*If Yes, please provide details*

Is a public or private offering of securities planned for the next 12 months? **□** Yes **□** No

*If Yes, please provide details*

Is your company listed on any stock exchange? **□** Yes **□** No

*If Yes, please provide details*

Have any directors or officers of the company resigned or been replaced in the last 12 months? **□** Yes **□** No

*If Yes, please provide details*

Has any subsidiary company been sold or ceased trading? **□** Yes **□** No

*If Yes, please provide details*

**

**□** Yes **□** No

**□** Yes **□** No

**□** Yes **□** No

**□** Yes **□** No

**□** Yes **□** No

Can the Proposer confirm that:

*a) no redundancies or change to employee benefits have taken place over the last 3 years or are planned*

*b) a contract of employment has been issued to all employees*

*c) written instructions are issued to all employees regarding employment practices including discrimination, harassment, grievance and disciplinary matters; and these instructions are regularly updated*

*d) it has a formal internal grievance or complaint procedures*

*e) progressive disciplinary procedures are followed and minuted*

Has the Company or any of its Directors or Officers ever been refused this type of insurance or had similar

insurance cancelled or specific terms imposed? **□** Yes **□** No

*If Yes, please provide details*

Do you currently have directors and officers insurance in force? **□** Yes **□** No

Is any director, trustee or employee AFTER ENQUIRY aware of any incident or circumstance which may give

rise to a claim under the proposed policy? **□** Yes **□** No

*If Yes, please provide details*



 **5**

**INSURANCE DETAILS**

What limit of indemnity do you require?

