

Management Liability Package Proposal Form (all products)

PROPOSAL FORM

Important

Please answer all questions from each section relevant to your application. 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.

This Proposal Form is a record of the information which you have given to your broker and on which the insurance policy will be based. You are required to disclose all material information or sufficient information to put a prudent insurer on notice that further enquires may be needed. A material fact is one which will influence the judgement of a prudent insurer in determining whether to take the risk and if so on what term.

A failure to disclose information or if you provide inaccurate information may entitle Travelers to avoid the policy or may have an impact on the cover available to you and may mean that claim is not paid or is not paid in full.

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.

General information		
Please answer all questions		
Company registration number		
2. Company legal name (the Insured)		
3. Company registered office address		
4. Does the insured require Directors & Officers If "Yes" please answer questions 9-12, and 35	s cover? -47 below. Otherwise, please proceed to Clain	ns Information.
Yes No	Limit	Excess
Tes No	£250,000	£0
	£500,000	£500
	£1,000,000	£5,000
	£2, 000,000	£10,000
	£3, 000,000	Other: GBP
	£4, 000,000	Other, dbr
	£5,000,000	
	Other:	GBP
5. Does the insured require Corporate Liability (_
Yes No	Limit	Excess £0
	£500,000	£500
	£1,000,000	£5,000
	£2,000,000	£10,000
	£3, 000,000	
	£4, 000,000	Other: GBP
	£5,000,000	
	Other:	GBP

If "Yes" please answer questions 9-17 and questions 35-47 below. Otherwise, please proceed to Claims Information. Yes	6.	Does the insured require Employment Pr	ractices Liability cover?	
## \$250,000		If "Yes" please answer questions 9-17 and	d questions 35-47 below. Otherwise, please proceed to 0	Claims Information.
\$250,000		Yes No	Limit	Excess
### 25,000,000 ##############################			£250,000	£0
£2,000,000			£500,000	£500
63,000,000 Cther: GBP			£1,000,000	£5,000
£4,000,000			£2, 000,000	£10,000
\$4,000,000 \$5,000,000 \$5,000,000 \$6,000,000 \$6,000,000 \$6,000,000 \$6,000,000 \$6,000			£3, 000,000	Other CPD
Other: GBP 7. Does the insured require Commercial Crime cover? If "Yes" please answer questions 9-12, questions 18-27 and questions 35-47 below. Otherwise, please proceed to Claims Information. Limit Excess £250,000 £500,000 £5,000 £1,000,000 £2,000,000 £3,000,000 £44,000,000 £5,000,000 Cher: GBP 8. Does the insured require Pension Trustees Liability Cover? If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Yes No Limit Excess £250,000 £5,000 £5,000 £5,000 £5,000 £5,000 £5,000 £1,000,000 £5,000 £1,000,000 £5,000 £1,000,000 £1,000,000 £5,000 £1,000,000 £5,000 £1,000,000 £5,000 £1,000,000 £5,000 Cther: GBP			£4, 000,000	Other. GBP
7. Does the insured require Commercial Crime cover? If "Yes" please answer questions 9-12, questions 18-27 and questions 35-47 below. Otherwise, please proceed to Claims Information. Limit Excess £250,000 £500 £500,000 £5,000 £1,000,000 £5,000 £2,000,000 £10,000 £3,000,000 £44,000,000 £55,000,000 Other: GBP 8. Does the insured require Pension Trustees Liability Cover? If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Yes No Limit Excess £250,000 £1,000,000 £50,000 £1,000,000 £50,000 £1,000,000 £50,000 £1,000,000 £50,000 £50,000 £50,000 £1,000,000 £50,000 £50,000 £50,000 £50,000 £50,000 £50,000 £500 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000			£5,000,000	
7. Does the insured require Commercial Crime cover? If "Yes" please answer questions 9-12, questions 18-27 and questions 35-47 below. Otherwise, please proceed to Claims Information. Limit Excess £250,000 £500 £500,000 £5,000 £1,000,000 £5,000 £2,000,000 £10,000 £3,000,000 £44,000,000 £55,000,000 Other: GBP 8. Does the insured require Pension Trustees Liability Cover? If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Yes No Limit Excess £250,000 £1,000,000 £50,000 £1,000,000 £50,000 £1,000,000 £50,000 £1,000,000 £50,000 £50,000 £50,000 £1,000,000 £50,000 £50,000 £50,000 £50,000 £50,000 £50,000 £500 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000 £10,000 £50,000			Others CRD	
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Yes No Limit Excess £250,000 £500 £500 £500 £5,000 £5,000 £5,000 £5,000 £5,000 £2,000,000 £10,000 £10,000 £3,000,000 £5,000,000 £5,000,000 £5,000,000 £5,000,000 £5,000,000 £60,000	7.			
### £250,000 ### £500 ### £500,000 ### £500 ### £500,000 ### £5,000 ### £5,000,000 ### £10,000 ### £3,000,000 ### £10,000 ### £3,000,000 ### £3,000,000 ### Other: GBP 8. Does the insured require Pension Trustees Liability Cover? ### "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. ### Yes No ### Excess ### £250,000 ### £250,000 ### £500,000 ### £500,000 ### £500,000 ### £5,000 ### £5,000 ### £5,000 ### £5,000 ### £10,000 ### £5		If "Yes" please answer questions 9-12, qu	uestions 18-27 and questions 35-47 below. Otherwise, pl	lease proceed to Claims Information.
### ##################################		Yes No	Limit	Excess
£1,000,000			£250,000	£0
£2, 000,000			£500,000	£500
£3, 000,000 £4, 000,000 £5,000,000 Other: GBP 8. Does the insured require Pension Trustees Liability Cover? If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Yes No Limit Excess £250,000 £5,000 £1,000,000 £1,000,000 £3, 000,000 £4, 000,000 £4, 000,000 £5,000,000 £5,000,000 £5,000,000 £5,000,000			£1,000,000	£5,000
### Contact Sept Action 1.000			£2,000,000	£10,000
£4,000,000 £5,000,000 Cother: GBP 8. Does the insured require Pension Trustees Liability Cover? If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Yes No Limit Excess £250,000 £500,000 £1,000,000 £1,000,000 £3,000,000 £4,000,000 £4,000,000 £5,000,000 £4,000,000 £5,000,000 £5,000,000			£3,000,000	Other: GRP
8. Does the insured require Pension Trustees Liability Cover? If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Limit Excess £250,000 £500,000 £1,000,000 £5,000 £10,000 £10,000 £4,000,000 £5,000,000 £5,000,000 £5,000,000			£4, 000,000	other. dar
8. Does the insured require Pension Trustees Liability Cover? If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Limit Excess £250,000 £500,000 £1,000,000 £1,000,000 £3,000,000 £3,000,000 £10,000 £55,000,000 £55,000,000 £55,000,000			£5,000,000	
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If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Yes			Other: GBI	
If "Yes" please answer questions 9-12 and questions 28-47 below. Otherwise, please proceed to Claims Information. Yes				
Limit	8.	·		
£250,000		If "Yes" please answer questions 9-12 and	d questions 28-47 below. Otherwise, please proceed to 0	Claims Information.
£500,000 £1,000,000 £2,000,000 £3,000,000 £4,000,000 £5,000,000 £5,000,000		Yes No	Limit	Excess
£1,000,000			£250,000	£0
£2,000,000 £3,000,000 £4,000,000 £5,000,000			£500,000	£500
£3,000,000 £4,000,000 £5,000,000			£1,000,000	£5,000
£4, 000,000 £5,000,000			£2,000,000	£10,000
£4,000,000 £5,000,000			£3, 000,000	Other: GRD
			£4, 000,000	Other, dbr
Other: GBP			£5,000,000	
			Other: GBP	



Insured details	Insured details		
9. What is the insured's main business activity?			
10. What is the insured's turnover?	GBP		
11. Year of incorporation?			
12. Company Structure	Charity Club Partnership UK Registered Limited Liability Partnership UK Registered Non-Profit Organisation UK Registered Private Limited Company Other		
Employment Practices Liability Cover			
Employment Fractices Elability Cover			
13. Number of employees14. Number of location15. The insured has written procedures in place for dealing with	recruitment, disciplinary action, discrimination, health and safety at work and data protection.		
Agree Disagree	,,,		
	cluding early retirements) in the last 18 months and no such process is underway or ployee count reduction of more than 5%.		
17. If the insured disagrees with one or more of the above, pl may help us provide a quote. Additional Information	ease provide us with any additional information about that particular statement(s) that		



Commercial Crime Cover
18. Number of employees 19. Number of locations
20. The maximum value of all stock, raw materials, precious metals, jewellery and money at any one location does not exceed £50,000? Agree Disagree
21. The insured has not undergone a redundancy process (including early retirements) in the last 18 months and no such process is underway or planned in the next 18 months which is likely to result in an employee count reduction of more than 5 people or 20%, whichever is greater. Agree Disagree
22. The insured undertakes a physical count of stock, raw materials, work in progress and finished goods and this count is reconciled against stock records, at least once a year. Agree Disagree
23. The insured's business model is not based on an online-enabled platform for connecting passengers or travellers with drivers or accommodation providers (e.g. Uber or Airbnb). Agree Disagree
24. Where legally required, independent auditors have examined the insured's accounts and those of each trading subsidiary and any other insured entity and the insured has undertaken to comply with all recommendations regarding internal controls. Agree Disagree
25. That the principle of dual control and independent validation is applied to all payments, the drawing and signing of cheques, electronic funds transfers and the opening of new bank accounts and amending approved signatory details for all payments exceeding £5,000. Agree Disagree
26. If the insured disagrees with one or more of the above, please provide us with any additional information about that particular statement(s) that may help us provide a quote. Additional Information



27. What is the total valı	e of all plan, fund and scheme assets?
GBP	
	scheme holds any investment in the sponsoring company.
	scheme is in the process of being wound up or merged and that there are no plans for such in the next 12 months.
for such in the next	amendments to any plan fund or scheme benefits or participants' share of costs in the last 24 months and there are no plans 2 months.
	or schemes to be insured are defined benefit pension plans.
32. If disagreeing to que	tion 30 above, what is the total asset value of all the funds, plans or schemes to be insured for defined benefits?
	d actuarial requirements have been satisfied. sagree
34. All the defined benef	t funds, plans and schemes are adequately funded and are not subject to a recovery plan.
35. If the insured disagre may help us provide Additional Information	

Pension Trustees Liability Insurance



36. In the past five years, no claim (whether successful or not) has been	n made against the insu	ared or any principal, partner, director, employee in
respect of any selected cover.		
Agree Disagree		
37. If disagreeing to question 36 above, please tell us which cover or co	vers the claim or claims	s relate to:
Directors & Officers		
Corporate Liability		
Employment Practices Liability		
Commercial Crime		
Pension Trustees Liability		
38. That after enquiry, the insured is not aware of any circumstance whi	ch might give rise to a	claim in respect of any selected cover.
Agree Disagree		
39. If disagreeing to question 38 above, please tell us which cover or co	vers the circumstance (or circumstances relate to:
Directors & Officers		
Corporate Liability		
Employment Practices Liability		
Commercial Crime		
Pension Trustees Liability		
40. That the insured does not have any trading subsidiary located outsic	le the UK or Republic c	of Ireland for which cover is sought.
Agree Disagree		
41. If disagreeing to question 40 above, please state the name and coun	try location for each su	ubsidiary:
Subsidiary	Location	

Applicable to all covers



12. That the insured is not planning an Offering (debt or equity), Merger, Acquisition or TUPE arrangement (including similar arrangements in other EU countries) in the next 18 months.	
Agree Disagree	
13. That no director or officer with the insured has ever been disqualified, the subject of any application for a disqualification order or disqualification proceedings, irrespective of the outcome.	
Agree Disagree 14. If the insured disagrees with one or more of the above, please provide us with any additional information about that particular statement(s) that	
may help us provide a quote. Additional Information	
45. Please tell us when the insured would like the policy to start.	
16. Please tell us the policy term.	

Important

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.



Declaration Must be signed by a Principal/Partner/Member/Director or functional equivalent

I/We declare that the information provided in the proposal and submission is an accurate, complete and true representation of the business and its financial status and that all material facts or information needed to put a prudent insurer on notice that further enquiries are to be made have been disclosed.

I/We understand that any incorrect information could invalidate all or part of the policy and any claim could be rejected or not fully paid.

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

I/We also declare that no 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.

Signature of the Proposer (Partner/Director)	Date
Print name and position held	For and on behalf of (Insert name of Company/Firm)

NO COVER IS IN FORCE UNTIL THIS QUESTIONNAIRE HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.

PLEASE RETAIN A COPY OF THIS COMPLETED QUESTIONNAIRE FOR YOUR RECORDS.



Using Personal Information

How we treat information about you and your rights under the Data Protection Act 1998

Travelers Insurance Company Limited may collect certain personal information about our policyholders, prospective policyholders, any person connected to policies held by our policyholders, or connected to prospective policyholders ('Data Subjects').

Data

In order to provide cover under an insurance policy, to assess or pay a claim we need to collect and process personal information about:

- a) the person or property that we are being asked to insure,
- b) any third-party claimant, i.e. someone making a claim against our customer,
- c) property for which repair or replacement costs are being sought under our customer's insurance policy belonging to our customer or a third-party.

We will seek different 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 'sensitive personal data', which is information that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Purpose

Personal information or sensitive personal data may be collected and or used in a number of ways including:

- a) considering an application for insurance,
- b) underwriting or binding of an insurance policy,
- c) conducting our relationship with policyholders and persons associated with such policies, including third party claimants,
- d) policy administration,
- e) claims administration,
- f) preventing and detecting fraud, including providing information to the relevant authorities.

Third Parties

In the case of policies that have been issued, we may pass information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents if necessary for the performance of the insurance contract or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries which do not have data protection laws equivalent to those in the European Union in which case we shall ensure that the information is appropriately protected. In particular, medical information may be processed in the United States of America for the purposes of assessing and processing a claim.

We may also share the information with, and obtain information about you and/or your employees or agents from credit reference agencies and/or fraud prevention agencies.

Claims Data

Insurance companies share claims data:

- a. to ensure that more than one claim cannot be made for the same personal injury or property damage,
- b. to check that claims information matches what was provided when insurance cover was taken out, and
- c. when required, to act as a basis for investigating claims when our recorded information is incorrect or when we suspect that insurance fraud is being attempted.

You should provide us with the correct information if you are making a claim under your own policy or, if you are a third party, a policy held by one of our customers.



Marketing

With consent of the data subject, personal data may be processed for the purposes of marketing similar goods and services. Data subjects will be asked to provide any necessary consent at the time their data is collected, but are able to subsequently opt out of any marketing at any time.

Please note that the provisions relating to consent, and subsequent opt-out, do not apply to corporate entities (which includes their employees).

Right of access and correction

Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at:

Travelers Insurance Company Limited

Exchequer Court

33 St Mary Axe

London EC3A 8AG

By providing personal information you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.

