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MEMBER OF THE ZUELLIG GROUP

IMPORTANT:

PLEASE FILL OUT THE NECESSARY INFORMATION BELOW TO COMPLETE YOUR APPLICATION. FIELDS MARKED WITH ASTERISK (*) ARE MANDATORY.

COMPANY/BUSINESS		
Name:	Address:	Country of Registration:

PERSONS PROPOSING FOR INSURANCE

A. Names of all the Directors and Officers of the Company together with the position held

Name	Position Held

B. Names of all the Directors and Officers of Subsidiary Companies together with the position held

Name	Subsidiary Company	Position Held

DETAILS OF EXECUTIVE POSITION(S) HELD BY ANY DIRECTOR OR OFFICER AT THE SPECIFIC REQUEST OF THE COMPANY IN ANY OTHER COMPANY.

Name	External Company	Position Held

Limit of Indemnity Required

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Have the Director and Officer of their knowledge their predecessors had any other Director's and Officers' Insurance in force during the last three years? Yes No If "YES", please give details of the last insurance held:

- a. Name of Insurer
- b. Limit of Indemnity
- c. Renewal Date

Has any insurer in respect of the risks to which this proposal relates ever

a. Declined a Proposal, refused renewal, or terminated insurance? Yes No

b. Required an increased premium or imposed special conditions? Yes No If "YES" in either case, please give details.

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Has any claim been made or prosecution been brought against any Director or Officer during the last ten years in respect of any neglect, error, omission or other wrongful act committed in the capacity of director, officer or pension fund trustee (whether in relation to the activities of the Company, its subsidiaries or any other company in which the Directors and Officers hold or have held office)?

Yes No If "YES" in either case, please give details.

Date	Brief details of each claim/prosecution	Total amount paid	Estimated amount outstanding

Are any of the Directors and Officers, after enquiry, aware of any circumstances which might

a. give rise to a claim against them or the Company? Yes No

b. otherwise affect the Insurer's consideration of this insurance? Yes No If "YES" in either case, please give details.

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DECLARATION

I declare for myself and on behalf of the Directors and Officers named in this Proposal with their express consent and knowledge that

- i) the above statements are true and complete,
- ii) the Directors and Officers agree to accept that this proposal shall be incorporated in the contract between them and the Insurer,
- iii) the Directors and Officers agree to accept a Policy in the Insurer's usual form for this class of Insurance.

I undertake to inform the Insurer of any material alteration to these facts occurring before completion of the contract of insurance.

.....
 Signature Title Date

(Chairman of the Board or Managing Director only)

Signing this form does not bind the Directors and Officers to complete the insurance

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