



# Management liability

Application form  
United Kingdom



## INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

## HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

## SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Insured company:	
Address:	
Postcode:	
Company registration number:	Country of incorporation:
*Year of establishment:	Website:

*\* if less than 12 months old, please supply a copy of your business plan*

1.2 Please state the legal status of the company (tick as appropriate):

Private Limited Company       Public Limited Company       Other

If other, please provide details:


1.3 Please provide the following details:

- a) is the company listed on any stock exchange or other securities market?  Yes  No
- b) does the company have any of its securities publicly traded in the USA?  Yes  No
- If yes, does the company file the statutory File 20-f to the Securities and Exchange Commission  Yes  No

*If you have ticked the shaded boxes in parts a) or b) above, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary. Please also provide a copy of the completed statutory File 20-f, if applicable:*

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1.4 Please describe below the nature of your business activities:

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1.5 Please state the number of employees and business locations:

Territory:	Number of employees:	Number of locations:
UK:	<hr/>	<hr/>
Ireland:	<hr/>	<hr/>
Europe:	<hr/>	<hr/>
USA:	<hr/>	<hr/>
Rest of the World:	<hr/>	<hr/>
Total:	<hr/>	<hr/>

1.6 Please advise the:

- a) Number of shares issued:
- b) Number of shareholders:
- c) Name and percentage of shares owned by shareholders owning more than 10% of all voting rights (both direct and indirect):



Name	Percentage ownership:	Represented on the board:
<hr/>	<hr/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	<hr/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No

1.7 Please confirm:

- a) Your gross turnover for the last completed financial year:
- b) The percentage of turnover derived from the USA:
- c) You achieved a profit for the last completed financial year:
- d) Your total assets for the last completed financial year:
- e) The percentage of assets within the USA:
- f) You have a positive net worth for the last completed financial year:

 %

 Yes  No

 %

 Yes  No

1.8 Have you in the past 3 years, or do you during the next 12 months, have plans to:

- a) Sell the company?
- b) Be involved in any mergers, acquisitions or divestments?
- c) Change your capital structure?
- d) Raise any new equity capital?

 Yes  No

 Yes  No

 Yes  No

 Yes  No

1.9 Has the company reviewed and updated its Health and Safety policies within the last 12 months?

 Yes  No

*If you have ticked any of the shaded boxes in questions 1.7 – 1.9, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:*

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SECTION 2: EMPLOYMENT PRACTICES LIABILITY

Only complete this section if you require employment practices liability cover

2.1 Do you have a human resources department:

Yes  No

a) If yes, how many employees are in this department?

b) If no, how is this function handled?

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2.2 Are your employees issued with an employee handbook?

Yes  No

*If yes, please provide a copy*

2.3 Do you have written procedures for the following:

a) Disciplinary procedures?

Yes  No

b) Termination of employment?

Yes  No

c) Preventing discrimination?

Yes  No

d) Preventing harassment?

Yes  No

e) Any complaint of discrimination or harassment?

Yes  No

f) Grievance procedures?

Yes  No

*If you have ticked any of the shaded boxes in question 2.3, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:*

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2.4 In the past 24 months has there been or, in the next 12 months is it anticipated there will be, any redundancies?  Yes  No

If yes, please provide full details:

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### SECTION 3: BENEFIT PLAN LIABILITY

*Only complete this section if you require benefit plan liability cover*

3.1 Please state the total asset size of all of your benefit plans:

3.2 Please complete the following information for your three largest benefit plans:

Name of benefit plan:	Benefit plan assets:	Type of benefit plan (i.e. defined contributions or defined benefits):
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

*Please forward your latest actuarial report (if applicable) and the latest benefit plan Report and Accounts for your largest Scheme.*

- 3.3 Are the benefit plans funded in accordance with the actuary's recommendation?  Yes  No
- 3.4 Are the company and employee contributions fully and promptly paid to the benefit plans?  Yes  No
- 3.5 Have you ever had to make a notification to the Pensions Regulator in respect of any benefit plan?  Yes  No
- 3.6 Are the benefit plan assets held independently of the company?  Yes  No
- 3.7 Is there currently, or is it anticipated that there will be, a suspension or reduction in contributions to any benefit plan?  Yes  No
- 3.8 Is any benefit plan currently, or anticipated to be, wound up?  Yes  No
- 3.9 Has any benefit plan merged with, or assumed the responsibilities of, another benefit plan in the last 3 years?  Yes  No
- 3.10 Are any benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA)?  Yes  No

If you have ticked any of the shaded boxes in questions 3.3 – 3.10, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

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#### SECTION 4: CYBER AND PRIVACY

Only complete this section if you require cyber and privacy cover

- 4.1 Do you have procedures and protocols in place covering compliance with all applicable privacy regulations?  Yes  No
  
- 4.2 Do you have IT security procedures and protocols in place that govern the handling and storage of sensitive information?  Yes  No
  
- 4.3 Do you ensure that all sensitive personally identifiable data (including credit and debit card details) is encrypted while standing and during transmission?  Yes  No
  
- 4.4 Do you have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and is it updated on a regular basis?  Yes  No
  
- 4.5 Do you also have firewalls installed on all external gateways?  Yes  No
  
- 4.6 Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe or can you confirm that your outsourced service provider meets this requirement?  Yes  No
  
- 4.7 If you accept payment cards (credit or debit) as a form of payment, are you compliant with the Payment Card Industry (PCI) Data Security Standard?  Yes  No

If you have ticked any of the shaded boxes in the above questions, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

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SECTION 5: CRIME

Only complete this section if you require crime cover:

- 5.1 Do you have dual control procedures in place for the transfer of assets, funds, investments, disbursements and for the signing of cheques in excess of £ 2,500?  Yes  No
- 5.2 Are bank statements independently reconciled at least every 30 days by staff who are not authorised to make payments?  Yes  No

5.3 Please list all locations containing sums of money in excess of £10,000 and the security at each location:

Location:	Security:

- 5.4 Does any individual independently control the appointment of suppliers or award contracts?  Yes  No
- 5.5 In the event of an acquisition, are the recommendations arising out of the due diligence process adhered to in full?  Yes  No
- 5.6 Prior to the appointment of finance, accounts and treasury employees, do you obtain written references covering their most recent 3 year employment history?  Yes  No
- 5.7 Are the finance, accounts and treasury department employees required to take two weeks consecutive holiday each year?  Yes  No
- 5.8 Do you investigate any variance in the monthly management reports against the budget forecast?  Yes  No
- 5.9 Are salaries checked by staff not authorised to administer the payroll against personnel records for unusual or excessive payments?  Yes  No
- 5.10 Do you undertake an audit of raw materials, work in progress and stock at least every 6 months?  Yes  No
- 5.11 Do you have procedures in place for the use of passwords for your computer systems and is authorisation automatically withdrawn at cessation of employment?  Yes  No
- 5.12 Do you have internal audits performed?  Yes  No



If you have ticked any of the shaded boxes in the above questions, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

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**SECTION 6: KIDNAP AND RANSOM**

Only complete this section if you require kidnap and ransom cover

6.1 Please provide the following information in respect of each planned foreign trip in the coming 12 months by your employees:

Country of destination:	Number of employees travelling:	Duration of visit:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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If you have more than 10 trips planned in the coming 12 months, please provide an itinerary

6.2 Please state any special security precautions taken prior to and during foreign travel:

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## SECTION 7: INSURANCE REQUIREMENTS

7.1 Please provide details of your current Management Liability insurance or the cover you require if this is the first time you are applying for Management Liability insurance:

	Limit:	Prior and Pending Date:
Directors and Officers Liability:	_____	_____
Corporate Liability:	_____	_____
Employment Practices Liability:	_____	_____
Benefit Plan Liability:	_____	_____
Cyber and Privacy:	_____	_____
Crime:	_____	_____
Kidnap and Ransom:	_____	_____

7.2 When would you like your insurance to start?

DD / MM /YY

## SECTION 8: CLAIMS EXPERIENCE AND INSURANCE HISTORY

Regarding all of the types of insurance to which this application form relates AFTER FULL ENQUIRY:

- are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or their directors, officers or employees, or
- have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured within the last 5 years, or
- have the companies to be insured, or anyone working for the companies to be insured, experienced any kidnap, extortion, hijack, wrongful detention or a political threat, or
- have you ever suffered a loss of data that has resulted in a privacy breach?

With reference to questions a, b, c, d and e above:

Yes  No

If the answer to the above is 'yes' then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

## SECTION 9: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: _____	Full name: _____
Position held: _____	Date: DD / MM /YY _____

Please enclose with this Application Form your last annual report and accounts

ADDITIONAL INFORMATION: