

If more space is required to answer any of the following questions please provide separate sheets.

Section One - General

1 a) Name of the Proposer (please advise any former names)

b) Residential address of the Proposer

c) Professional Qualifications

d) Date of Birth

e) Are you a member of The Institute of Directors in New Zealand?

Yes No

If Yes, for how long?

2 Are you aware of any proposals relating to any of the Companies/Organisations listed in the Appendix that may involve its acquisition or merger, or is involved in the acquisition of another Company/Organisation?

Yes No

3 Are you aware of any proposals relating to any of the Companies/Organisations listed in the Appendix that may involve its receivership or liquidation?

Yes No

4 Please confirm that, to the best of your knowledge and belief, none of the Companies/ Organisations listed in the Appendix nor any subsidiary of such Company/Organisation:

- a) is insolvent (ie its liabilities exceed its assets); or
- b) is unable to pay its debts as they fall due; or
- c) has ever had a receiver appointed over the whole or any part of its undertaking or assets; or
- d) is in liquidation or is the subject of an outstanding winding-up petition, has issued notice of intention to apply for winding up or has issued notices of a meeting to consider a resolution for its liquidation; or
- e) is the subject of statutory management or has entered into a scheme of arrangement with creditors.

Confirmed **Not confirmed**

5 Have you received during the past five years any notification either from any regulatory body (including the Police) or from, the Company Secretary or any other directors or officers of any of the Companies/Organisations listed in the Appendix advising you that you have been (during such period) or are in breach of any of the requirements of the Companies Codes or other statutory requirements?

Yes No

6 Have you ever been refused this type of insurance or had a similar insurance cancelled?

Yes No

7 Are you aware of any Directors and Officers Liability insurance cover already in existence in respect of any of the Companies/Organisations listed in the Appendix?

Yes No

8 If an insurance similar to that now being proposed had been in effect at the appropriate time would any claim made against you at any time in the last five years have fallen within the scope of such insurance?

Yes No

9 Please advise whether you have ever made any claim under any other similar insurance that would have been dealt with under the terms of the proposed insurance.

Yes No

10 Are you aware of any act, omission or dispute or alleged act, omission or dispute or other circumstances which you have reason to suspect might afford grounds for any future claim, which would fall to be dealt with under the scope of the proposed insurance?

Yes No

11 Have you ever been prohibited from holding Company Directorships?

Yes No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "Yes" OR "Not Confirmed" PLEASE SUPPLY FURTHER DETAILS FOR EACH COMPANY CONCERNED.

12 Sum insured required

\$

Section Two – Specific Directorship Information

A In this section you must list all of the Companies/Organisations of which you are currently a director, chief executive officer, company secretary or trustee and which are not a subsidiary (as legally defined) or any other company listed. There is no need to list subsidiaries as the insurance cover extends automatically to include your directorships etc of such companies.

Company/Organisation	Position Held	Period Held

B Are you a director of any company that has domiciled activities in USA/Canada? Yes No
 If "Yes" please provide details of each company as follows:

Company/Organisation	Position Held	Period Held

C The Companies/Organisations listed as A and B above together constitute your Companies/Organisations to which the following questions relate. You must also provide the details requested below for each of these Companies/Organisations or supply a copy of its latest audited accounts. If more than one Company/Organisation, please photocopy this section or provide a suitable schedule on a separate sheet.

1 Name of Company/Organisation		
2 Status (public, private , etc)		
3 Date Established		
4 Principal Activities		
5 If the Company is a subsidiary, name of ultimate holding company and percentage of equity held in group		
6 If an associated company, name/s of principal registered shareholder/s		
7 Percentage of issued share capital held by you (both direct and beneficial)		
8 Financial year end		
9 Pre-tax profit/loss for last financial year	\$	Profit / Loss
10 Net worth (ie share capital plus reserves) as at latest balance sheet date	\$	
11 Date when return last filed with Companies Office		

D List any directorship, trusteeship or corporate position held by you which you are not proposing for insurance:

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Vero Liability Insurance Limited is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Vero Liability Insurance Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Vero Liability Insurance Limited to obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us. I/we understand that:

- Vero Liability Insurance Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/we am/are obliged to inform Vero Liability Insurance Limited of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Vero Liability Insurance Limited refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Signed		Position	
Name		Date	

Completion of this proposal does not bind the Proposer or Vero Liability Insurance Limited to complete this insurance.