

# FINANCIAL INSTITUTIONS PROFESSIONAL INDEMNITY POLICY PROPOSAL FORM

- A. Answer all questions, leaving no blank spaces.
- B. If you have insufficient space to complete any of your answers, continue on your headed paper.
- C. This form must be dated and is to be signed by two Directors of the Proposer.
- D. Please attach the last Annual Statement and Report and any Interim Report issued since.
- E. It is the intention of Underwriters that any contract of insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered, it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to question 1.

#### **SECTION A - PARTICULARS OF PROPOSER**

State the name and address of the Proposer, the date of establishment and the financial services provided. Also list all subsidiaries for which cover is requested, indicating the locations, date of establishment and financial services provided by each company.

Proposer:	
Address:	
Date Established:	
Description of Financial Services Provided:	

Name of Subsidiary	Location(s)	Date Established	Financial Services



2. (a) Has the Proposer been acquired by another entity, merged or acquired any other business during the last 5 years? If so, give details:						
,0						
<b>(b)</b> Has the Proposer provid	ed any new	services to its	clients dur	ing the last 3 years	? If so	, give details:
(c) Does the Proposer intendetails:	nd to offer a	ny new service	s to its clie	ents during the next	: 12 m	onths? If so, give
		Currently or a	nt date of	T		At previous
3. State at the dates indicated	d: 	last interim re		At last year's end	:	year's end:
(i) Authorised Capital:						
(ii) Paid up Capital: (iii) Total Assets:						
(iv) Total Deposits:						
(v) Total Loans and Discou	ınts.					
(vi) Total funds under						
Discretionary Manager	ment:					
(vii) Total Profit before tax:						
4. State names of all Executive professional qualifications		Executive Direct	tors, their l	ength of service, sp	ecific r	esponsibilities and
Name:	Length of	Service:	Specific Responsibilities:		Professional Qualifications:	
					Qua	illications.
5. (a) State the number of E	mployees ir	n the following	categories	:		
(i) at Head Office						
(ii) at Computer Centre						
(iii) at Branches						
(iv) at Subsidiaries						
Total:						
(b) What has been the pe twelve months?	rcentage tu	irnover in the fo	ollowing er	mployment categor	ies du	ring the last
			Inward		Οι	utward
Directors (including those of subsidiaries)		%			%	
Employees		%			%	
(c) State the total of salar financial year:	ies, includir	ng commissions	, paid to D	irectors and Emplo	yees d	uring the last



(d) Are any Directors or Employees compensated by bonus, profit commission, or similar performanc
related reward which is based upon their own performance or that of their
department/division/subsidiary (as distinguished from the Proposer as a whole)?

### **SECTION B - PROPOSER'S ACTIVITIES** 6. In the last financial year, what approximate percentage of the Proposer's total revenues were derived from the following activities? Domestic (a) Commercial Loans: Foreign Domestic Interbank Loans: Foreign Personal Loans: (b) Leasing: (c) Trade Financing, Forfaiting (d) Barter, Countertrade or **Swap Operations** (e) Foreign Exchange Dealings (f) Commodity **Market Dealings** (g) Securities Dealings (h) Mergers and Acquisitions Advice (i) Share Placing and **New Issues** (j) Fund Management (k) Venture Capital (I) Overseas Advisory (m) Any Other Activity (Please Describe). Attach an organisational chart showing responsibilities and reporting lines to the Board of Directors for each

activity.



					If of clients in the last acting, and the values
involved.				1	
Offeror	Offe	eree	Outcome	:	Offer Value
				Total:	
(b) How many flotation		•	ken in the last twe	lve month	is?
List each, indicatin	g the share ca				
Company		Shares P	laced		Value
			Total:		
(c) How many rights is	ssues has the I	Proposer under	taken in the last t	welve mor	nths?
List each, indicatin		-			
Company		Shares P	laced		Value
			Total:		
9 Doos the Droneser une	lortako trust a	estivities or disc		managam	ont?
8. Does the Proposer und If so:	iertake trust a	ictivities of disc	retionary account	managem	entr
(a) Are all clients' agre	ements reviev	ved annually?			
(b) Are all trust/discret	ionary transa	ctions subject			
to the same proced					
Proposer's own acc	ount transact	ions?			
If not, please describe:					
(a) Chata.			T		
<ul><li>(c) State:</li><li>(i) The number of trust/discretionary accounts.</li></ul>					
(ii) The asset value of the largest managed account.					
(d) How often are financial reports rendered to clients?					
(e) Does the Proposer have an "approved" list of securities which can be recommended to clients?					

#### **SECTION C - FUNDS TRANSFER/TELEPHONIC INSTRUCTIONS**

- **9. (a)** Does the Proposer use or subscribe to any Electronic Funds Transfer Systems? List each one:
  - **(b)** Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer's database?

    List each one:
  - (c) Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow clients to directly execute a transfer of funds?

    List each one, indicating whether transfer can be made on a pre-format or free-format basis:



10.	<b>10.</b> Does the Proposer permit the initiation of Funds Transfer by telephonic instruction from clients? If so:				
(a)	(a) Do all clients to whom this facility is available complete written agreements outlining legal responsibilities, transfer limits and callback parameters for verification? If so, attach a copy.				
(b)	What are the callback parameters for verification?				
(c)	Are all such instructions directed only to the Wire Transfer Room?				
(d)	Are all conversations, including these instructions, recorded?				
(e)	Is a written document produced in respect of each instruction, which is date/time stamped, logged and maintained for at least 90 days?				
11. Describe the procedures adopted when instructions are received by telephone:					
(a)	(a) Within the Commodity Department:				
(b)	Concerning the purchase/sale of stock:				
(c)	Within the Foreign Exchange Department:				

#### **SECTION D - PROCEDURES**

12. To which regulatory authorities are the Proposer and those subsidiaries listed in the answer to question 1, accountable?
13. (a) State the name and address of Chartered or External Accountants:
(b) State the frequency of auditing services performed by the Accountants for the Proposer:
(c) Does the Auditing Firm regularly review the system of internal controls and furnish written reports?
(d) Has the Auditing Firm made any recommendations in the last two audits? If so, state recommendations and confirm that they have been adopted. If not adopted, please give reasons for

not doing so.



(e) Has the Auditing Firm been changed in the last five years?  If so, give details and explain why the change was made.
Attach a copy of the most recent engagement letter from the Proposer's principal Auditing Firm.
14. (a) State the name and address of Lawyers routinely acting for the Proposer.
(b) Do the Lawyers supply written opinions as to the legality of any change in investment or management policy in connection with Trusteeship activities?
(c) Does the Proposer have an in-house Legal Department?  If so, how many legally qualified individuals does it consist of?
What are the department's responsibilities?
Does it offer its services to customers or other Third Parties? If so, please give details.
(d) Does the Proposer use a standard form of contract, agreement or letter of appointment with regard to services performed?
Are these regularly reviewed, and if so, by whom?
(e) Are all publications issued by the Proposer reviewed by the in-house Legal Department and/or outside legal advisers?
15. (a) Does the Proposer have a Compliance Officer?
(b) If so, state his/her duties and to whom (s)he reports.
(c) Attach his/her curriculum vitae.
16.(a) Does the Proposer have a written code of ethics encompassing all employees, which includes a statement of the principles of acceptable conduct, and with guidelines for acceptable outside activities, conflicts of interest, gifts from customers, and prohibition on other employment?
(b) Are employees required to agree in writing that they have read the ethics code and are abiding by said code?
Said Cout:
(c) Do you require all Directors and Employees to declare their outside business interests and specify relationships which could lead to possible conflicts of interest?



## **SECTION E - PARTICULARS OF COVERAGE** 17. State details of similar insurances carried out during the previous five years, if any: (a) Professional Indemnity: (i) Insurers (ii) Sum insured (iii) Deductible (b) Directors & Officers: (i) Insurers (ii) Sum insured (iii) Deductible (c) Bankers Blanket Bond/Fidelity/In and **Out Policy:** (i) Insurers (ii) Sum insured (iii) Deductible **18.** State the Limit of Indemnity requested: **19.** During the last five years, has the Proposer received any admonishment or critical directive from any regulatory authority? If so, give details. **20.** Is the Proposer currently involved in any litigation as a defendant? If so, give details. 21. (a) Has any application made by the Proposer or its predecessors in business for Professional Indemnity Insurance ever been declined? If so, give details. (b) Has any Professional Indemnity Policy in the name of the Proposer or its predecessors in business ever been cancelled? If so, state the reasons.



	or information, after full enquiry, of any circumstances whatsoever ing made against it, its subsidiaries or any branches to which this
<b>23.</b> Has any demand or claim of a typ	e being the subject of this insurance been made against the Proposer,
, ,,	which this application applies during the past five years?

WE HEREBY DECLARE THAT the above statements and particulars are true and complete to the best of our knowledge and that we have not suppressed or misstated any material facts, and we agree that this application shall be the basis of any contract \* subsequently effected between the Proposer and the Underwriters.

Date	_
Signature	_Director
Date	_
Signature	_Director

- 1) \*Signing this Proposal Form does not bind the Proposer to complete this insurance.
- 2) If a policy is concluded, it will be issued on a "CLAIMS MADE" basis, i.e. to indemnify the Proposer for claims first made against it in the manner described in the policy during the Policy Period.