



**MAYFAIR INSURANCE COMPANY LIMITED**  
 Plot 64511 • First Floor Mmila House Fairground • Gaborone  
 •Private Bag 263 Gaborone  
 • Telephone: +267 3910181

## Directors & officers proposal form

### 1 General Information

a. Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone number \_\_\_\_\_

\_\_\_\_\_

Name of person to whom correspondence should be addressed \_\_\_\_\_

b. Name and Address of any subsidiary companies to be insured for D&O including country of registration and percentage owned by parent company or organisation

Name and Address	Country	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Total number of Directors/Partners/Senior Managers \_\_\_\_\_ Total number of staff \_\_\_\_\_

d. Names, positions, professional qualifications and number of years' experience of ALL current Directors, Partners and Senior Managers *(these names may already be listed in your company report and accounts)*

Names of current Directors, Partners and Senior Managers	Qualifications	Year obtained	Length of time as Director, Partner or Principal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please provide this information upon a separate sheet if required*

### 2 Business activities

a. Please briefly describe the nature of your business \_\_\_\_\_

b Please indicate (i) your approximate gross annual income or fees and (ii) your profit for the years requested below  
currency BWP.

i.	Gross income/fees for last year	i.	Gross income estimate for this current financial year
ii.	Profit for last year	iii.	Estimated profit for this current financial year

c. Please provide copies of your company report and accounts and other relevant literature relating to your company or organisation such as brochures, annual reviews etc.

d. Are any of the companies declared above listed on any stock exchange or traded? 

YES	NO
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If "Yes" please identify them and specify country and city and specify how traded.

e. Are any of the companies declared above regulated by any professional body? 

YES	NO
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If "Yes" please identify them and specify which regulatory body oversees their function.

f. Please list any "associated company" (which is not a subsidiary) in which any of your Directors, Partners or Senior Managers are required by your company to perform a similar role, and give the location and a description of the business activity of this organisation.

Associated company name	Location	Business activity

Please provide this information upon a separate sheet if required

g. Are financial duties segregated so that dual control exists on signing cheques, issuing instructions for disbursement of assets or funds, fund transfer procedures and investments? 

YES	NO
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### 3 Directors & Officers Insurance/Claims History

a. Are you currently insured for Directors' and Officers' liability insurance risks? 

YES	NO
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If "Yes" for how long have you been insured? (if "No" please give details of most recent insurance)

i.	Name of insurer?	ii.	Limit of indemnity?
iii.	Excess/Deductible	iv.	Premium
v.	Expiry date		

b. Has any insurer

i.	Declined to insure you	YES	NO	ii.	Cancelled your insurance	YES	NO
iii.	Refused to renew your Insurance	YES	NO	iv.	Imposed penalties or special terms	YES	NO

delete as appropriate

If "Yes" please give details on a separate sheet

c. Have any claims, successful or not, ever been made against any past or present Director, Officer or Senior Manager of the company, or any subsidiary, that would fall within a similar insurance, or has the company or its Directors or Officers been subject to any regulatory enquiry within the last 6 years?

YES	NO
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delete as appropriate

If "Yes" please give details on a separate sheet

d. Are you aware after enquiry of any prior or current circumstance or incident that may give rise to a claim under a Directors and Officers liability insurance policy?

YES	NO
<i>delete as appropriate</i>	

If "Yes" please give details on a separate sheet

**4. Limits** Please indicate any preferred limits

- (a) any one claim or series of claims arising out of the same occurrence BWP.
- (b) in the aggregate any one period of Insurance ..... BWP.

**DECLARATION**

I/we accept that completion of this proposal form does not bind the Proposer or Mayfair Insurance Botswana to effect a contract of insurance.

I/we agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein.

I/we hereby declare that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy and I/we have not omitted, suppressed or misstated any material facts, which may be relevant to underwriters' consideration of this proposal.

I/we undertake to inform Mayfair Insurance Botswana of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

Signed \_\_\_\_\_

Status of Signatory \_\_\_\_\_

Date \_\_\_\_\_

*This proposal form must be completed and signed by a person who is authorised to bind the proposer.*