

DIRECTORS' AND OFFICERS' LIABILITY INSURANCE



Cover does not attach until this proposal form has been accepted by
Mellerup's (General Insurances) Limited insurance Brokers

Please use BLOCK CAPITALS and tick boxes where appropriate

1. Name of Club/Syndicate:	
2. Number of members:	
3. Year Established	
4. Address for correspondence	
5. Please state the Limit of Indemnity Required:	£250,000 []
	£500,000 []
	£1,000,000 []
6. Do you have any audited Report & Accounts: If Yes do they show a Positive Net Worth	Yes [] No [] Yes [] No []
7. Has any Insurer in respect of risks to which this proposal relates ever declined a proposal, refused renewal or cancelled an insurance?	Yes [] No []
8. Is the Club/Syndicate to be insured aware, after enquiry, of any circumstances, which might give rise to a claim against the Company or any Director or Officer?	Yes [] No []
9. Has any actual or alleged claim been made or prosecution brought against the company or any director or officer in respect of any neglect, error, omission or other wrongful act committed in the capacity of director or officer?	Yes [] No []

Important Notices

- It is important that you should disclose all material facts; that is those facts that would influence an insurer in the acceptance or assessment of your proposal. Failure to disclose such facts may result in claims not being met. If you are in any doubt about whether a fact is material, you should disclose it.
- You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract.
- A copy of this completed proposal form will be supplied to you on request within a period of 3 months after its completion.
- Policy Administration - The information you provide is collected on behalf of Zurich Insurance and may be used by then or us, our employees agents and service providers acting under our or insurer's instructions for the purposes of insurance administration, underwriting, claims handling or to detect fraud or loss. Information may also be used for research and statistical purposes. We will not use your information or pass it on to any other persons for the purpose of marketing further products or services to you.
- Insurers pass information to the Claims and Underwriting Exchange Register, run by IDS Ltd. The aim is to help them check information provided and also to prevent fraudulent claims. When you advise insurers about an incident, which could give rise to a claim, they will pass information to the register.
- Providing information on this form signifies your consent to it being used for these purposes. You must ensure that any information you supply relating to anyone else is accurate and that you have obtained their consent on our behalf to the use of information for these purposes.

Declaration

I declare that to the best of my knowledge and belief, all the answers are true and no material fact has been omitted (see important notes above). I agree that if any answer has been written by any other person he/she shall for that purpose be regarded as my agent and not the agent of either Zurich or Mellerups (General Insurances) Limited. I/we have read the Important Notes section and I/we understand how the policy data may be used and have informed any other parties related to this insurance accordingly

Signature: Date:

Name: Position/Title:

Insurance Arranged by: MellerUp's (General Insurances) Limited Insurance Brokers

Underwritten by: Zurich Insurance Company UK Head Office: Zurich House, Stanhope Road, Portsmouth, Hampshire PO1 1DU
Zurich Insurance Company and Mellup's(General Insurances) Limited are authorised and regulated by the Financial Services Authority.