

RENEWAL PROPOSAL FORM FOR MANAGEMENT LIABILITY AND COMPANY REIMBURSEMENT INSURANCE

New Renewal Existing Policy Number:

NOTICE TO THE APPLICANT

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

COMPLETING THE PROPOSAL FORM

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that whenever used in this proposal form, the term Applicant shall mean the Organization and all its Subsidiaries and the definition of the terms 'Claims', 'Policy Period' 'Legal Representation Expenses', 'Defense Costs', 'Director' or 'Officer' are in accordance with the policy.
- The headings in this proposal are solely for convenience.

The Management Liability Policy is written on a Claims made. The policy covers only Claims first made during the Policy Period or any Extended Reporting Period. The limit of liability to pay damages or settlements will be reduced and may be completely exhausted by the payment of Defense Costs or Legal Representation Expenses.

****PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY**

I. APPLICANT'S INFORMATION

Name of Entity:

Address:

Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	

Contact No.

Email Address:

Activities of the Company:

Nature of Business:

Incorporation No:

Date of Incorporation:

DD/MMM/YYYY

Website Address:

Place of Incorporation:

Name of authorized representative/transactor/signee:

II. ULTIMATE BENEFICIAL OWNER'S INFORMATION

Name:

Last Name	First Name	Middle Name	Suffix
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Mailing Address:

Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	

Mobile No.:

E-mail Address:

Date of Birth:

DD/MMM/YYYY

Citizenship/Nationality:

Source of Funds:

Self-Employed

Salary

III. SPECIFIC INFORMATION

- (a) Please attach the following for every Applicant seeking coverage:
- (i) Latest Annual Report, including audited financial statements;
 - (ii) If relevant, the last two Interim Statements.
- (b) Recent, pending and contemplated changes:
- (i) Whether or not such discussions or proposals have been made public, is the Applicant or any individual proposed for coverage currently involved in any discussions or aware of any proposals relating to any actual or potential:
 - (a) acquisitions of, tender offers for or mergers with any other organization?

YES NO If yes, please attach details.
 - (b) public offering of securities?

YES NO If yes, please attach details including a copy of the offering document (if available).
 - (c) scheme of company arrangement or material change in any arrangement with creditors under any law anywhere in the world?

YES NO If yes, please provide details.
 - (d) restatement of the Applicant's audited financial statements

YES NO If yes, please attach details including a copy of the financial statements.

(ii) Please provide details of any change to the list of serving directors and officers in the Applicant's most recent annual report and accounts:

IV. OUTSIDE DIRECTORSHIP COVERAGE

(a) Does the Applicant require cover for any Outside Directorships? YES NO

If yes, complete Schedule B for those positions for which the Applicant requires coverage. Note: Although Outside Directorships are automatically covered for some entities, we require information for all entities for which the Applicant seeks cover.

(An Outside Directorship is the position of Director, Officer, trustee, governor, councillor or the holder of an equivalent position in any jurisdiction held by the Applicant's Directors, Officers or employees on the board of an entity which is not a subsidiary of the Applicant or a non-profit entity, which position is assumed and maintained with the KNOWLEDGE and CONSENT or at the REQUEST of the Applicant).

V. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

VI. PRIOR KNOWLEDGE/WARRANTY

(a) Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current directors' & officers' liability and company reimbursement insurance policy or similar insurance of facts or circumstances which might give rise to a claim being made against any such person?

YES NO

(b) Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any directors' & officers' liability and company reimbursement insurance policy or similar insurance?

YES NO

(c) Has any Director or Officer of the Applicant ever been subject to any prosecution, disciplinary action, been fined or penalized, or been the subject of any inquiry or investigation in their capacity as a Director or Officer of the Applicant?

YES NO

(d) Has the Applicant or any person proposed for coverage been involved in any civil, criminal or administrative proceeding or investigation concerning compliance with or breach of any securities law or regulation anywhere in the world?

YES NO

(e) Has there been or is there now pending against:

(i) any director or officer of the Applicant

(ii) an outside director requesting cover on an outside entity a claim against them in their capacity as such?

It is agreed that any such claim is excluded from the proposed coverage.

a claim against them in their capacity as such? YES NO

(f) Is the Applicant or any person proposed for coverage cognisant of any facts or circumstance which:

(i) It, he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage?

YES NO

(ii) indicate the probability of any such claim(s)?

YES NO

It is agreed that if such facts or circumstances exist, any claim, action or proceeding arising therefrom is excluded from the proposed coverage.

If the answer to any one of the questions in VI. is yes, please attach details.

VII. REQUESTED LIMIT

VIII. DECLARATION AND SIGNATURE

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its Directors and Officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

Signed: _____
Chairman of the Board

Date: _____
DD/MMM/YYYY

Signed: _____
Managing Director of Chief Executive Order

Date: _____
DD/MMM/YYYY

SCHEDULE B OUTSIDE DIRECTOR LIABILITY COVERAGE

Name of individual requiring cover & position held in the Outside Entity	Name of Outside Entity	% Shares Owned by Applicant	Name of each entity or individual holding more than 5% of shares of Outside Entity	If Outside Entity is publicly traded provide stock symbol and identify exchange on which its securities are traded.	Nature of Business Activities	Country of Incorporation	Is Outside Entity public, private or other?	Does the Outside Entity indemnify its directors and officers?	Indicate D&O Insurer and Insurance limit and deductible carried by the Outside Entity	Has the Outside Entity or its directors and officers been involved in any D&O litigation related to the Outside Entity? If yes, attach details.
		0.00%								
		0.00%								
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		0.00%								
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		0.00%								

PLEASE ATTACH LATEST ANNUAL REPORT INCLUDING FINANCIAL STATEMENTS FOR EACH OUTSIDE ENTITY WHICH IS:

1. Located, incorporated, domiciled or operated in the USA.
2. Registered or approved for direct or indirect trading on a national securities exchange in the USA.
3. A bank, finance company, leasing company, friendly society, life insurance company, general insurance company, reinsurance company, investment company, mutual fund, collective investment scheme, fund manager, investment adviser, responsible entity of a managed investment scheme, trustee company, money market corporation, investment bank or any broker or dealer in securities or commodities, mortgage broker, real estate agent, stock exchange, commodities exchange, futures exchange, custodian, clearing house, registrar, medical benefits association or hospital benefits association or organizations of a similar nature.

ADDITIONAL COVERAGE (OPTIONAL) PROPOSAL FORM FOR KIDNAP/RANSOM INSURANCE

Name of Insured:

Address of Insured's Principal Location:

Company Registration Number:

GENERAL INFORMATION

Countries / Cities with Operations	Number of Locations	Sales or Revenues	No. of Employees	Type of Operation
TOTAL				

TRAVEL INFORMATION

Countries / Cities Visited	Number of Annual Trips	Average Stay	No. of Employees
TOTAL			

Limits Desired:

Provide details of any kidnap attempts or threats against your staff, directors or their immediate families (including date):

DECLARATION

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of the Proposal Form does not bind the undersigned, on behalf of the Organization, to effect Insurance the undersigned, on behalf of the Organization, agrees that this form and the said statements shall be the basis of the Contract should a Policy be issued and will be incorporated in the Policy. Any person who, knowingly and with intent to defraud any insurance company of other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

IMPORTANT NOTICE

Under Republic Act No. 9160, otherwise known as the Anti-Money Laundering of 2001, as amended by Republic Act No. 9194 and pertinent regulations and circulars issued by the Insurance Commission, all insurance companies are required to satisfactorily establish the identities of its customers. Consequently, FPG Insurance Co., Inc. reserves the right to not accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his/her identity.

AGREEMENT

I HEREBY DECLARE and warrant the answers given above in every respect true and correct; and have not withheld any information likely to effect acceptance of this proposal; I further agree that this proposal declaration shall be the basis of the contract between FPG Insurance and me.

During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

- a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and
- b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

(2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

Applicant's Signature

DD/MMM/YYYY
Date

DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.