

Dear Valued Client,

## Directors and Officers Liability Insurance

To make it easy for you to obtain a Directors and Officers Liability Insurance quote, kindly have the following information available.

**auto general**  
car | home | business | life insurance



### 1. YOUR INFORMATION

Company Name					
Business address					
<b>Contact Details:</b>					
Telephone number			Fax number		
Email address			Website		
VAT Registration no.			Company Reg.		
Present Legal Constitution	Non-Profit Company <input type="checkbox"/>	Personal Liability Company <input type="checkbox"/>	Private Company <input type="checkbox"/>	Public Company <input type="checkbox"/>	State Owned Company <input type="checkbox"/>
Date of commencement	As currently constituted			As initially established	
Type of business i.e. Manufacturer, Retailer, Builder, etc.					
<b>Financial condition:</b>					
Do your company's assets exceed their liabilities		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your company profitable?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your company in a positive cash flow?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Total Assets of the Business (if not known – Annual Income/ Revenue)					R
<b>How many mergers or acquisitions has your company gone through or been part of in the last three years?</b>					
None					
One in the last three years					
More than one in the last three years					

### 2. CLAIMS EXPERIENCE

Has the Company or any of its Directors or Officers been involved in any of the following as a defendant?	
Anti-trust, copyright or patent litigation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any civil or criminal action or administrative proceeding alleging a violation of any laws	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any representative actions, class actions or derivative suits	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:	

Continued overleaf...



After enquiry, are any of the Directors / Officers / Members or Employees aware of any circumstances which would be covered under a policy of this type, that may result in any claims or any possible claims being made against them?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please provide details:										
<b>3. DETAILS OF PREVIOUS INSURANCE</b>										
Do you currently have Directors & Officers Liability Insurance?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
Who are you currently insured with?										
Inception date?										
<b>4. STAFF COMPLEMENT</b>										
Total number of employees employed by the company?										
<b>5. QUOTATION REQUIRED</b>										
Limit any one annual period of insurance (inclusive of costs and expenses)										
R										
R										
R										
Do you require Retroactive Cover?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If so – How many years?				One year <input type="checkbox"/>	Two years <input type="checkbox"/>	Three years <input type="checkbox"/>				
<b>6. DECLARATION</b>										
I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not miss-stated or withheld any material fact.										
I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon.										
I/we undertake to inform the Insurer of any material alteration to these facts occurring before the completion of the contract.										
<b>7. NOTICE AND WARNING</b>										
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.										
Note: This declaration must be signed by an officer of the company duly authorised to sign the document.										
Signed on behalf of insured				Date	D	D	M	M	Y	Y
Capacity				Name						
Please note: No liability will attach to Auto & General Insurance Company (PTY) LTD (Insurer) until this proposal has been accepted.										



<b>8. DEBIT ORDER INSTRUCTIONS</b>				Quote no:								
Name of Insured												
						Date:	D	D	M	M	Y	Y
Address												
The details of my/our bank account are as follows:												
Bank					Branch/Town							
Branch code					Account holder							
Account number												
Type of account:		Current <input type="checkbox"/>		Savings <input type="checkbox"/>		Transmission <input type="checkbox"/>		Credit Card <input type="checkbox"/>		Other (Specify)		
<p>I/we the undersigned hereby authorise Auto &amp; General to deduct premiums from the account mentioned above on the _____ working day (or closest thereto) of each and every month. This being the amount necessary for the payment of the monthly premium due to Auto &amp; General in respect of the insurance policy.</p> <p>The premium will be collected by I.S. Services (Pty) Ltd on behalf of Auto &amp; General.</p> <p>This authority may be cancelled by either party providing thirty days notice to the other.</p>												
Signed at _____ on this _____ day of _____ 2014.												
Signature: _____												