

Directors and Officers Liability Proposal Form

Important Notice

Please read the following advice before completing this proposal form.

This proposal is for a claims made policy. A claims made policy only responds to claims made and notified to us during the period of insurance.

The term "PROPOSER" or "You/Your" means the Company (or organisation) listed below and all of its subsidiaries for which coverage is proposed on this form and the "INSURER" or "We/Us/Our" is MSIG Insurance (Hong Kong) Limited.

This PROPOSER is completing this form on behalf of all Insureds (as defined in the policy), it must be signed and dated by an authorised representative of the PROPOSER.

When completing this Proposal Form:

- Answer all questions giving full and complete answers.
- It is your duty to provide all of the information requested on the form as well as to include all material facts.
- A material fact is a known fact and/or circumstance that may influence our decision whether to accept the risk and if so, on what terms. If you are unsure whether a matter is material, you should disclose it. Full details of your duty of disclosure can be found in the following section.
- If the space provided on this form is insufficient, please provide complete answers on an additional sheet, which must be signed and dated.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting this insurance by the PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the INSURER to complete the insurance but will become part of the insurance policy.

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose every matter within your knowledge that is material to our decision whether to insure you and, if so, upon what terms. You have the same duty to disclose material facts before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require you to tell us anything that:

- Reduces the risk you are insured for; or
- Is common knowledge; or
- We know or, as an insurer, should know; or
- We waive your duty to tell us about.

Note that this duty continues after the proposal form has been completed until the time the policy is in force.

Non-Disclosure

If you fail to comply with this duty of disclosure, we may cancel the policy or reduce the amount we will pay you if you make a claim, or both. If your failure is fraudulent, we may refuse to pay a claim and treat the policy as if it had never existed. It is therefore vital that you make sufficient enquiries before completing this form and before signing the declaration on this form or any addendum; or any declaration that there has been no change in the information you have provided.

Subrogation

Where another person or company would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person or company, we will not cover you under the insurance for such loss or damage.

Section 1 Details of proposer					
Company name:	Company registration number:				
Address of head office:					
Web address:					
Place of incorporation:	Date established:				
Describe the company's activities:					

Section 2 Company history

1.	. At any point in the last 3 years has:		
	The parent company's name been changed?	🗌 Yes	🗌 No
	The company been involved in any mergers or acquisitions?	🗌 Yes	🗌 No
	Any subsidiary been sold, ceased trading or wound up?	🗌 Yes	🗌 No
	The company's capital structure changed in any way?	🗌 Yes	🗌 No
	There been any rights issuance activity?	🗌 Yes	🗌 No
	There been any change in your auditor or principal legal advisers?	🗌 Yes	🗌 No
	If you have answered 'yes' to any question, please provide details:		
2.	Are any acquisitions, tender offers, sales or mergers involving the company pending, proposed or under consideration? If 'yes', please provide details:	Yes	🗌 No

Section 3 Capital structure

	Yes	🗌 No
	Yes	🗌 No
	Yes	🗌 No
	Yes	🗌 No
ock Exchange?	See Yes	🗌 No
vide details:		
	-	 Yes Yes Yes Yes Yes

2. Is the company considering a public offering of securities within the next year? If 'yes', please provide details:

 3. Please state:
 Total number of shareholders
 Individual number of shareholders

 Percentage of shares held by directors and officers
 %

 Individual holdings of 15% or more of the ordinary share capital (please state names and percentage holdings)
 %

 Please state the company's:
 Gross consolidated turnover (average of the last 2 years)
 HKD

 Gross consolidated total assets (last financial year)
 HKD

🗌 No

🗌 Yes

Section 4 Employment practices						
1. Total employee numbers (this year):						
	Hong Kong	China	USA/Canada	Others (please spec	ify)	
Permanent						
Temporary and outsourced						
Directors and officers						
2. Approximate employee turnover last ye	ar (percentage)	%				
 3. Are you currently conducting or planning any redundancies, retrenchments, layoffs or reductions in your workforce? If 'yes', please provide further details: 						
4. Do you have a Human Resources Depart If 'no', please provide full details of how		handled:		☐ Yes	No	
5. Do you have an employee handbook or workplace harassment, grievance proce redundancy? If 'yes', please provide a copy. If 'no', please describe how these issues	edures, disciplinary				No	
Section 5 Previous insurance cove	٥r					

Section S Frevious insurance cover					
 Does the company currently have direct If 'yes', please state: 	🗌 Yes	🗌 No			
Insurer					
Expiry date					
Limit of liability					
Retroactive date (if applicable)					
	⁻ been refused this type of insurance, or had similar insurance val declined, or had special terms imposed?	🗌 Yes	□ No		

S	ection 6 North American exposure		
1	. Has the company or any subsidiary ever:		
	Conducted business in the USA or Canada?	🗌 Yes	No
	Had shares traded on a stock exchange in the USA or Canada?	🗌 Yes	🗌 No
	Had shares traded as American Depositary Receipts (ADR) or 144A programs?	🗌 Yes	🗌 No
	If 'yes', please provide full details including sponsors, total capitalisation, ADR to local share ratio and the total number of shareholders:		
	Held a beneficial interest in any business entity in the USA or Canada?	Yes	No
2	. What is:		
	The total value of all assets of the company and its subsidiaries in the USA and Canada? USD		
	The percentage of the total assets of the company and its subsidiaries held in the USA and Canada?	%	
3	. Please list all subsidiaries in the USA and Canada which are not wholly owned:		

Section 7 Claim history

Please ensure appropriate	e enquiries are ma	de of all directors	and officers of	the company i	nrior to answerir	a the following questic	סחר
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1.	. Is the company or any director or officer of the company aware of any past, current or pending claim against them as director or officer of the company or its subsidiaries?	Yes	🗌 No
2.	. Is the company aware of any circumstance, incident or action which may result in a claim against a director or officer of the company in their professional capacity?	🗌 Yes	🗌 No

3. Is the company or any director, officer or employee under investigation or subject to questioning by any Yes No stock exchange or regulator?

If you have answered 'yes' to any question, please provide details:

Section 8 Indemnity limit

1. Limit of indemnity required:

- HKD 10,000,000
- HKD 30,000,000
- USD 3,000,000 USD 5,000,000 USD 7,000,000

Other USD _

Section 9 Declaration

I/We, the undersigned, desire to effect the insurance specified herein and declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

Declaration of Broker Commission (if applicable)

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

Appendix: Notice to customers relating to The Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone without your consent. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agents, contractors or third parties who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our Privacy Policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at <u>msig.com.hk</u>. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customer, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

If you do not provide us with your personal data, we may not be able to provide the Product you need or process your request.

We may use your personal data for:-

- processing and evaluating your insurance application and any variation or renewal of the Product;
- administration of the services and facilities in relation to the Product provided to you;
- conducting identity and/or credit checks;
- invoicing, processing payment instructions and collecting premiums and outstanding amounts from you; assessing and processing claims in relation to the Product;
- conducting statistical or actuarial research and/or analysis by us;
- automated decision-making processes, including profiling, for risk assessment and claims management;
- other ancillary purposes which are directly related to the above DULDOSES:
- conducting matching procedures (as defined under the Ordinance);
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting, investigating and preventing fraud and/or other illegal activity (whether or not relating to the Product issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be disclosed or transferred to the following persons and/or entities (who may be located within or outside of Hong Kong, or may process or store your personal data outside of Hong Kong):

third party agents, contractors, service providers and advisors (including but not limited to debt collection agencies, credit reference bureaus or call centers) who provide administrative, communications, computer, data processing and storage, payment, security, information technology, marketing or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance

service providers, telemarketers, mailing houses, IT service providers and data processors);

- loss adjudicators, claims investigators and medical advisors; reinsurers and reinsurance brokers;
- your insurance intermediary;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance; the Hong Kong Federation of Insurers (or any similar insurance industry association or federation);
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted
- by law; the police and fraud investigation or prevention organizations; databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- in the event that we transfer all or a substantial part of our business to another company, the transferee of that business, who may then use your personal data to continue carrying out that business.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

MSIG also intends to use your name, your address, your phone number and email address from time to time to provide marketing materials and conduct direct marketing (including but not limited to promotion, marketing and sales) of the Product.

If you do not wish MSIG to use your personal data for direct marketing as listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the "Enquiry form – Opt-out from direct marketing activities" on our website at <u>msig.com.hk</u>. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

Full name:

Contact number:

HKID number:

(for identification purpose)

Policy/Certificate/Acknowledgement number (if you have one):

Note: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

Under the Ordinance, you have the right to: (a) be informed of the kind of personal data held by us; (b) be informed of the main purposes for which personal data held by us are or are to be used; (c) request access to your personal data held by us; (d) request correction of your personal data held by us; and (e) ascertain our policies and practices in relation to personal data. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Authorised signature (with company stamp)

Name and position

Date ___