Management Liability

Statement of fact application form

ROI

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other colleagues responsible for arranging the insurance and other senior managers that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please provide the following details for the entire company (including all subsidiaries):

Company Name:

Registered Address (Address, County, Postcode, Country):

Description of business activities:

Turnover (total revenue in the last complete financial year): €

Number of employees:

Section 2: Statement of fact

2.1 After full enquiry, please state whether all the following statements are true for the entire company (including all subsidiaries): ☐ Yes ☐ No

a) you are an Irish registered private limited company and have been in business for more than 18 months;

b) you have not experienced a management buy-out, merger, acquisition, or public offering securities in the past 12 months and do not anticipate doing so in the next 12 months;

c) you achieved a positive net worth (total assets minus total liabilities) and a net profit (after tax) in the last complete financial year;

d) you have sufficient funds to operate for the next 18 months;

e) you do not have any assets or subsidiaries in the USA and sales to the USA do not exceed 25% of total turnover;

f) your activities do not include the provision of legal, accountancy or financial services or advice; biotech or pharmaceutical development or manufacturing; oil, gas or mineral exploration or production; sports-related activities; gambling activities; cryptocurrency or blockchain activities or payment processing activities;

g) you issue written employment policies and procedures to all employees;

h) you have not made any employee redundancies or terminations in the last 12 months and do not anticipate any in the next 12 months;

i) you have segregation of duty policies in place (dual control) for all financial transactions exceeding €2,500;

j) you have not experienced any directors leave non-voluntarily, or be disqualified from acting as a director, in the past 24 months.

Section 3: Claims experience

3.1 After full enquiry, please state whether all the following statements are true for the entire company (including all subsidiaries): ☐ Yes ☐ No

a) you are not aware of any acts, errors, omissions, events, facts, circumstances, situations, transactions or matters that may give rise to a claim against the company or any director, officer or employee of the company;

b) there have been no claims previously made against the company or against any director, officer or employee of the company, whether insured or not;

c) the company or any director, officer or employee of the company has not been investigated for or found guilty of any criminal, dishonest or fraudulent activity, or been investigated by any regulatory or professional body.

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Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***https://www.cfc.com***

Contact Name: Position:

Signature: Date (DD/MM/YYYY):