



Howden Insurance Brokers Ltd.

Directors' and Officers' Liability Insurance Proposal Form

1. General Information:

a) Name of Policyholder	Bringg Delivery Technologies LTD
b) Address of Head Office	Habarzel 1 Tel Aviv
c) Country of Registration	Israel
d) Registration Number	514938281
e) Date of Incorporation	July 3, 2013
f) Business Activities	Developing & selling a software platform for last mile logistics orchestration

2. Subsidiaries:

Name of Subsidiary	Country of Registration	Private or public	% Owned by the Policyholder
Bringg Inc	Delaware USA	Private	100%
Bringg UK LTD	United Kingdom	Private	100%

N.B. Hereinafter the Proposer and its subsidiaries shall be known as the "Company."

3. Current D&O Insurance

None ☐

a) Insurer	Menora
b) Broker	Howden
c) Premium	\$14K
d) Expiry Date	January 26 2021
e) Current Limit of Liability	\$10M
f) Required Limit of Liability	\$10M

f) Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors' & Officers' Liability Insurance? ☐ Yes ☒ No

If yes please provide details: _____



4. General Questions

a) During the last year has any acquisition or merger occurred involving the Policyholder or any subsidiary?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please provide details:	
b) Has the Company changed its external auditing firm in the past three years or have any plans to remove or replace its external auditor in the next 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: the company has plans to replace the auditors	
Is the policyholder publicly traded (equity or debt)? Or has any ADRs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, on which stock exchange?	
c) Is the Company considering any acquisition, tender offer, merger, or public offering?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please provide details:	
d) Have any Directors and / or Executive Officers of the Policyholder or of any subsidiary of the Policyholder been replaced in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please state: Title position of replaced D&Os: Directors in US subsidiary Gil Sheratzki and Eyal Sheratzki were replaced by Guy Bloch and Alon Zieve</p> <p>Please clarify why they were replaced? Better governance</p> <p>Are there any open issues regarding the replacement? No</p>	

5. Employees

Location	Number of Employees
Israel	112
USA	46 (including contractors)
Canada	1 (contractor)
Europe	10
Rest of the World	7
Total	176

In the event that there was a major change in no. of employees and/or their geographical distribution please explain the reasons for such change: The Company grew 85% y/y

6. Financials



a) Does the Company including each of its subsidiaries have enough cash to finance its operation for at least 6 months from the date of this form is signed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Does the company have a positive equity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c) Does the company including any of its subsidiaries in breach in any debts, covenants or loan agreement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) What are the Total Asset of the company (Consolidate Figures)?	____\$51.5M____
e) What is the company turnover (Consolidate Figures)?	____\$20M____
f) What is the total turnover in North America?	____\$13.3M____
g) Please state total gross assets in the United States	____\$6M____

7. Claims and Circumstances

a) Is the U.S. SEC or U.S. IRS presently investigation or requesting information from the Company or any director or officer of the Company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please provide details:	
b) Has there been or is there now pending any claims, actions or investigations against or involving any proposed insured (including but not limited to any director and or officer of any company)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please provide details:	
c) Does any of the directors or officers of the company, the General Counsel (or equivalent person) of the company and the risk manager of the company have any knowledge or information of any act, error or omission which could reasonably give rise to a claim, investigation or action under the proposed policy, except as follows: (Attach complete details.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please provide details:	
Please note that it is highly recommended to forward the Claims and Circumstances Questions above to all of the Company's Directors and Officers before signing the proposal form	

8. Additional Information

Please attach an updated Cap Table

If required, please attach most updated financial reports

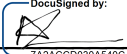
If required, please send the attached financial appendix fully answered, signed and dated



9. Declaration

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this supplemental proposal are true and no material facts have been misstated or suppressed. I agree that this proposal forms, any attachment, any information submitted therewith and any and all other information supplied or requested, shall form the basis of any Contract of Insurance effected thereon. All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Signing this proposal does not bind the Policyholder to complete this insurance.

Signature


7A2ACCP030A540C...
Alon Zieve

Full name of the signer

Title of the signer

CFO

Company's Stamp

Date 1/5/2021