

# Howden Insurance Brokers Ltd.

## Directors' and Officers' Liability Insurance Proposal Form

## 1. General Information:

a) Name of Policyholder	Biosight LTD
b) Address of Head Office	3 Hayarden St., Lod 701990 , Air port city
c) Country of Registration	Israel
d) Registration Number	512852559
e) Date of Incorporation	11/1999
f) Business Activities	R&D

## 2. Subsidiaries:

Name of Subsidiary	Country of Registration	Private or public	% Owned by the Policyholder
None			

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

## 3. Current D&O Insurance

None $\square$	
a) Insurer	Menora
b) Broker	Howden
c) Premium	
d) Expiry Date	16/04/2019
e) Current Limit of Liability	\$10,000,000
f) Required Limit of Liability	\$10,000,000

f) Has the Company ever had any Insurer decline a pr	roposal or canc	cel 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?	□Yes ⊠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?	Yes ⊠No	
If yes, please provide details:		
Is the policyholder publicly traded (equity or debt)? Or has any ADRs?	□Yes ⊠No	
If yes, on which stock exchange?		
c) Is the Company considering any acquisition, tender offer, merger, or public offering?	☑Yes □No	
If yes, please provide details: The company is considering going public on NASDA 2021	Q during	
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?	⊠Yes □No	
If yes, please state: Title position of replaced D&Os:CFO, Directors_⊠ Post Round C, there were some changes to our Board, where Liora Etinger and Stela Gengrinovitch were excluded from our Board, and Gary Gordon was added as IBF representor		
Please clarify why they were replaced? Post Round $C$ , in the ordinary course of business		
Are there any open issues regarding the replacement? No, although the company is in a process of searching for a Chairperson of the Board and may add another "C Representative" to its board		

## 5. Employees

Location	Number of Employees
Israel	10
USA	Company may open an office in the US in 2021. Currently 0 employees.
Canada	
Europe	
Rest of the World	
Total	10

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:



#### 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?	⊠Yes □No
b) Does the company have a positive equity?	□Yes ⊠No (as of Dec 2019)
c) Does the company including any of its subsidiaries in breach in any debts, covenants or loan agreement?	⊒Yes ⊠No
d) What are the Total Asset of the company (Consolidate Figures)? Company closed a financial round of \$15m in March 2020, and a deferred closing of \$27m in December 2020	3,908K ILS (as of Dec 2019). Current cash balance is approx. \$29M
e) What is the company turnover (Consolidate Figures)?	0
f) What is the total turnover in North America?	0
g) Please state total gross assets in the United States	0

#### 7. Claims and Circumstances

a) Is the U.S. SEC or U.S. IRS presently investigation or requesting information from the Company?	□Yes ⊠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)?	□Yes ⊠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.)	□Yes ⊠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 All

answers are to the best of my knowledge, without circling it to any of our officers or directors

#### 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

# howden

#### 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

Full name of the signer

Title of the signer

Company's Stamp

Date

Rov Golan

EVP & CFO

BioSight Ltd

April 12, 2021