

## **DIRECTORS' AND OFFICERS' LIABILITY INSURANCE PROPOSAL FORM**

It is very important that you fully and accurately disclose all material facts. Failure to do so may result in any insurance arranged being void.

Material facts are those which may affect Insurers' assessment of the risk to be insured. If you have any doubts as to whether something is a material fact, you are recommended to provide full details with this Form.

Any insurance issued following completion of this Proposal Form is subject to the Policy terms. A specimen policy is available on request.

**Please answer all questions and complete the Form in ink, and enclose a copy of your latest Annual Report and Accounts (and any Interims if available)**

Please complete and return your form to:

**Professional & Special Risks Division**  
MGB Insurance Brokers  
6 Bevis Marks  
London  
EC3A 7BA

For any queries / questions, please contact:

020 3757 0123

Authorised and regulated by the Financial Conduct Authority

### **Guidance Notes**

If you have ticked a shaded box, please provide additional information in the space provided.

#### **Q1 - Company**

This will normally be the name of the holding or parent company. All the subsidiaries which flow therefrom will automatically be included. If your group contains companies who have common shareholders or directors but are not technically "subsidiaries" you will need to list these companies separately if you wish these to be considered.

#### **Q9 - Outside Directorships**

Any Director or Officer of a subsidiary will be covered under a standard D&O policy and should not be included in Q9.

If any of your Directors hold positions in a non-group Company (including Associated Companies where you own less than 50%) whose positions are held at your Company's request, please list the positions in Q9 if you wish these to be included in your own D&O Policy, subject to its terms and conditions.

1.	Name of Company	Garfield-Bennett Trust Company Limited		
2.	Address	CTV House, La Pouquelaye		
		St Helier		
		Jersey	Post Code	JE2 3TP
	Tel No.	01534857773	Fax No.	01534857774
	Website	www.garfieldbennett.com	E-Mail	enquiries@garfieldbennett.com

  

3.	Company Established	<div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">2004</div>	Registration Number	<div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">87991</div>
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4.	Nature of Business	Trust and Company Administration Services to include, provision of Trustee, Company directors, Company secretary, Nominee Shareholders, Registered office, company formations, ancillary Bookkeeping and Accounting services.
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5. Is the Company in Q1 a Subsidiary of another Company?	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
What is the name and location of the Ultimate Holding Company?				

  

6a. Have you created or newly acquired any Subsidiary Companies since the publication of your last Report and Accounts? If Yes, please provide:	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
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Name of New Subsidiary	Country	% of Voting Shares held	Date acquired

  

6b. Does the company have any tender offer of merger pending or under consideration? If Yes, please provide full details:	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>

  

7. Has any Subsidiary Company been sold or ceased trading in the last 18 months? If Yes, please provide details:	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
G.B. Foundation Management Services Limited - no longer required.				

  

8.	Type of Company	Public	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>
		Close	<input type="checkbox"/>	Mutual	<input type="checkbox"/>
		Not-for-Profit	<input type="checkbox"/>	Other	<input type="checkbox"/>

9. Is cover required under this Policy for Directors' and Officers' of the Company or its Subsidiaries whilst holding positions in any associated Company? If Yes, please provide details:

Yes: ☐ No: ☒

Company	Country	Activity	Net Profit	Net Worth

- 10a. Has the Company filed a registration statement for a **Public** offering in the last 3 years, or does it intend to do so within the next year? If Yes, please provide:

Yes: ☐ No: ☒

Name of Company

Registration Details



- 10b. Is the company intending a new **Private** offering of securities within the next year? If Yes, please provide full details below

Yes: ☐ No: ☒



11. Total number of shareholders:

Percentage held by the Directors and Officers (directly or otherwise)

%

Are there any shareholders who hold more than 15% or more of the issued shares?

Yes: ☒ No: ☐

If Yes, please list them with their applicable percentages:

Name of Shareholder	Percentage	Name of Shareholder	Percentage
William Garfield-Bennett	57		
PEV Holdings Limited	42		

- 12a. During the last 12 months has the capital structure of the company changed?

Yes: ☐ No: ☒

If Yes, please provide details below

- 12b. Is the Company listed on any Stock Exchange?

Yes: ☐ No: ☒

If Yes, please state which exchange and the date listing was obtained.

Listed on AIM?

Yes: ☐ No: ☒

Traded in any other way?

Yes: ☐ No: ☒

13. Please provide	Total Gross Assets*	No. of Employees	
World-wide ex. USA/Canada	2,900,000	29	*i.e. Fixed plus Current Assets
USA	0	0	
Canada	0	0	

14. Does the Company or Subsidiary hold any assets or have any stock, shares or debentures issued in the USA or Canada? Yes: ☐ No: ☒ **X**  
**If Yes, please complete the Supplementary Questionnaire.**

15. Is Directors' and Officers' Liability insurance currently in force? Yes: ☒ **X** No: ☐  
 If Yes, please provide the following: (not necessary if insured via MGB Insurance Brokers Ltd)

Insurer:

Policy Limit:

Expiring Premium:

16. Have any claims been made against any person (whether insured or not), which would be covered under a D & O insurance policy? Please see PI insurance renewal form part 11a point 4. Yes: ☒ **X** No: ☐  
 Is any person proposed for insurance aware, **after enquiry**, of any circumstances or incidents which he/she has reason to suppose might afford grounds for any future claim such as would fall within the scope of this proposed insurance? Yes: ☐ No: ☒ **X**  
 Have you knowingly ever had any Insurer decline a proposal or cancel or refuse to renew a D & O insurance policy? If Yes, please provide details on a separate sheet. Yes: ☐ No: ☒ **X**

**17. Your Requirements (Demands and Needs)**

17a. Please state Limit(s) of Indemnity required

17b. Do you require cover for claims made against the Company/Entity in respect of Employment Practice Liability? Yes: ☐ No: ☒ **X**  
**If Yes, please complete the attached EPL Supplementary Questionnaire**  
 (Standard D & O policies will provide coverage for EPL claims made against a Director, Officer or Employee but do not usually include cover for claims made against the Company/Entity itself).

17c. Do you require cover for USA/Canada? Yes: ☒ **X** No: ☐

17d. Do you require cover for Corporate Legal Liability (Entity Cover) if available? Yes: ☒ **X** No: ☐

**DECLARATION**

I/We declare that I/We have read the answers and statements provided by me and that the information contained therein is true and complete. I/We further declare that no material information has been omitted, misrepresented or mis-stated and I/We are not aware of any other circumstances which are likely to affect the risk. I/We understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to void the insurance. I/We agree that this Declaration and Form shall be the basis of the contract between us and Insurers.

Signed Michael Collings Dated 030620

Print Name Michael Collings Position in Company Director  
 (Chairman/Chief Executive)

**PLEASE ENCLOSE A COPY OF YOUR LATEST REPORT AND ACCOUNTS  
(and any Interims if available)**