



St Helena Insurance
Cell Captive
Underwritten on behalf of Guardrisk International Ltd

LIABILITY INSURANCE
Directors and Officers
Application

Name and position of Applicant:

on behalf of each director and officer participating in management functions of the Company

Note: The authority for the Applicant to sign this application must be attached to this form.

Number of persons to be insured

The Company:

Postal Address:

Telephone: e-mail:

Limit of Indemnity required:

Note: The limit applies to each claim and in aggregate for all claims arising during one period of insurance

Period of insurance from: to midnight on

In respect of each director and officer participating in management functions of the Company:

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| Has any action resulted, or could have resulted, in a claim being made against them? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have they ever been convicted of a dishonest, fraudulent, criminal or malicious act or omission? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have they ever been refused insurance or had special terms applied? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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Note: This information must be provided on a continuing basis for each director and officer participating in management functions of the Company who will be insured under this contract.

I agree that this application will be the basis of the contract of insurance between me and the insurers - St Helena Insurance Cell Captive. The answers given are all true and correct. I have not omitted or concealed any information which the insurers need to assess the risk.

Dated at St Helena: Signature