

Keeping our eyes on your business

PARTNERSHIP

Proposal Form

PLEASE ENCLOSE WITH THIS PROPOSAL FORM:

- A. The last audited Annual Report & Accounts for the Partnership
- B. The last interim statement (if applicable)
- C. List of additional Companies and Partnerships to be covered

Your Partnership Certificate is issued on a CLAIMS MADE basis.

When completing this Proposal Form...

- Please answer all questions giving full and complete answers

It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts.

A relevant fact is such known fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting partnership or management liability insurance for the firm who acts as a Proposer.

This proposal form does **NOT BIND** the Proposer to complete the insurance but will form part of any insurance

SECTION 1: DETAILS OF THE PROPOSER

1. Name of the Partnership:
2. Address of Head Office:
Post Code:
3. Country of Registration:
4. How long has the Partnership continually carried on business?
5. Describe the business activities of the Partnership:

SECTION 2: HISTORY OF THE PARTNERSHIP

During the last three years has

1. The name of the Partnership changed? Yes No
2. Any acquisition or merger involving the Partnership taken place? Yes No
3. Any subsidiary Partnership been sold or ceased trading? Yes No
4. The Partnership changed its external auditors or legal advisors? Yes No

If the answer is YES to any of the above questions, please provide details below (use separate sheet if necessary):

SECTION 3: FORWARD LOOKING

1. Has the Partnership any acquisition, tender offer or merger pending or under consideration? Yes No
2. Is the Partnership aware of any proposal relating to its acquisition by another Partnership or Company in the next year? Yes No
3. Is the Partnership intending a public or private offering of securities within the next year? Yes No

SECTION 4: PREVIOUS/CURRENT INSURANCE

1. Does the Partnership have Partnership or Management Liability Insurance currently in force? Yes No

If the answer is YES, please state:

a. Insurer:

b. Indemnity limit:

c. Expiry date:

2. Has the Partnership ever had any Insurer decline a proposal or cancel or refuse a Partnership or Management Liability Insurance? Yes No

If the answer is YES, please provide details below (use separate sheet if necessary):

SECTION 5: NORTH AMERICA EXPOSURE DETAILS

Questions in this Section are to be completed only if cover is required for claims made in the United States of America or Canada or claims made elsewhere arising out of the Partnership's operations in the United States of America or Canada.

1. Please state the TOTAL assets of all subsidiaries located in the USA/Canada

USD

2. Please list any companies in the USA/Canada that are to be covered under this Certificate with the Partnership's percentage interest in each and show the owner of the minority interest:

3. a. Do any group or affiliated companies have any stock, shares or debentures in USA/Canada? If "Yes" Yes No

i. On what date was the last offer/tender/issue made?

ii. Was the offer subject to The United States Securities Act of 1933 and/or The Securities Exchange Act of 1934 and/or any amendments thereto? Yes No

- b. Do any of the Partnership's group or affiliated companies have any debt instruments or commercial paper in USA/Canada? Yes No

If the answer is YES, please provide details below (use separate sheet if necessary)

SECTION 7: CLAIMS INFORMATION/CIRCUMSTANCES

1. Has there been or is there now pending any claims against any Partner or Member of the Partnership? Yes No

If the answer is YES, please provide details below (use separate sheet if necessary)

2. Is the Proposer aware, after enquiry, of any circumstance or incident, which may give rise to a claim against any Partner or Member of the Partnership in such capacity? Yes No

If the answer is YES, please provide details below (use separate sheet if necessary)

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3. Is the Proposer aware, after enquiry, of any prosecution (actual or pending) of the Partnership or any Partner or Member? Yes No

If the answer is YES, please provide details below (use separate sheet if necessary)

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4. Has the Partnership or any Partner or Member ever been subject to any disciplinary action, been fined or penalised, or been the subject of any regulatory investigation or enquiry? Yes No

If the answer is YES, please provide details below (use separate sheet if necessary)

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SECTION 8: INDEMNITY LIMIT

- Please select the amount of indemnity required
- | | |
|------------------------|--------------------------|
| £1,000,000 | <input type="checkbox"/> |
| £2,000,000 | <input type="checkbox"/> |
| £5,000,000 | <input type="checkbox"/> |
| £10,000,000 | <input type="checkbox"/> |
| Other – please specify | <input type="text"/> |

SECTION 9: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

We declare that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof. We agree that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY A DESIGNATED PARTNER OR MEMBER ONLY

SIGNATURE		DATE	
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NAME	
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POSITION	
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DUAL Corporate Risks Ltd recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)