

Intermediary Name

Code No:

PROPOSAL FOR DIRECTORS' & OFFICERS' LIABILITY INSURANCE

This is a proposal form for a policy relating only to claims made against the insured party during the currency of the said policy. Unless otherwise stated this Proposal should be completed in respect of the Company and all Subsidiaries thereof.

Please answer all questions fully (if there is insufficient space please use a separate sheet).

1) General Information

- (i) Name of Company
- (ii) Address of Head Office
- (iii) Country of Registration
- (iv) Date from which Company has continually been in business
- (v) Business activity of the Company and its subsidiaries
- (vi) Website

2) Requested Coverage

- (i) Limit of Liability in the aggregate
- (ii) Effective date

3) Details of Ownership

- (i) Is the Company: Public Private Not-for-Profit
- (ii) Are the shares of the Company or any of its Subsidiaries publicly traded? Yes No

If yes, please specify the exchange(s) on which they are listed: (if the Company has any of its shares in an un-sponsored American Depository Receipt ADR program, please indicate):

If yes, please specify percentage of shares traded: _____ %

- (iii) Are there any shareholders (including Directors) Yes No
 owning, directly indirectly or beneficially 10% or
 more of the shares?

If yes, please provide details: (if there is insufficient space please use a separate sheet)

Name	% of Shares	% of voting shares

4) Subsidiary / Outside Entity Information

- (i) Is coverage to include all Subsidiaries: Yes No

If yes, please provide details: (if there is insufficient space please use a separate sheet)

Name	Business	% Owned

- (ii) Do any Directors, Officers or Employees Yes No
 hold any Outside Board positions at the
 behest of the Company:

If yes, is coverage for such positions desired: Yes No

If yes, please provide details: (if there is insufficient space please use a separate sheet)

Organization Name	Territory	Number of D&O's

5) History of Company

- (i) During the last five years has:
- the name of the Company changed? Yes No
 - any acquisition or merger taken place? Yes No
 - any Subsidiary been sold or acquired? Yes No
 - the Company changed its external auditors or external legal advisers? Yes No
 - the Company been in breach of any of its debts, covenants or loan agreements? Yes No
- If yes, to any of the above please provide details:

- (ii) During the last 12 months have any of the Directors and/or Officers of the Company resigned or been replaced? Yes No
- If yes, please provide details:

6) North America

This section is only to be completed if cover is required for claims made in the United States of America or Canada or claims made elsewhere arising out of the Company's operations in the United States of America or Canada

- (i) What are the total gross assets of the Company in North America?
- (ii) Does the Company have Subsidiaries in North America that are not wholly owned? Yes No

If yes, please provide details: (if there is insufficient space please use a separate sheet)

Company Name	% Ownership	Owner of Minority

- (iii) Does the Company have any shares, bonds debt or equity instruments in North America not previously indicated in question 3) (ii)? Yes No

If yes, on what date was the last offering made?
 If yes, was the offering subject to regulation with the Securities Laws of North America? Yes No

If yes, please attach full details:

7) Policies and Procedures

- (i) Has the Company ever restated its financial results ? Yes No

If yes, please provide details:

- (ii) Does the Company anticipate having to take a significant one-time change to earnings, or restatement of earnings within the next 12 months? Yes No

If yes, please provide details:

8) Forward Looking

- (i) Has the Company any acquisition, tender offer or merger pending or under consideration? Yes No

If yes, please provide details:

- (ii) Is the Company aware of any proposal relating to its acquisition by another company? Yes No

If yes, please provide details:

- (iii) Is the Company intending a new public offering of securities within the next year? Yes No

If yes, please provide details:

- (iv) Is the Company intending a new private offering within the next year? Yes No

If yes, please provide details:

- (v) Is the Company currently involved in or considering filing for bankruptcy? Yes No

If yes, please provide details:

9) Investigations/Inquiries

Has any official inquiry been undertaken by any regulatory governmental, professional or other authorized body into the activities of any or all of the Directors and/or Officers in any capacity? Yes No

If yes, please provide details:

10) Previous Insurance

(i) Does the Company on behalf of its Directors or Officers have Directors & Officers Liability Insurance currently in force? Yes No

If yes, please provide

- i. Limit of Liability:
- ii. Insurer(s):

(ii) Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors and Officers Liability Insurance? Yes No

If yes, please provide details:

11) Claims Information

(i) Has the Company, or anyone for whom this insurance is intended, been involved in the following:

any antitrust, copyright or patent litigation? Yes No

any civil or criminal action or administrative proceeding alleging a violation of any security law or regulation relating to securities? Yes No

any representative actions, class actions, or derivative suits? Yes No

If yes, to any of the above please provide details:

(ii) Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? Yes No

If yes, to any of the above please provide details:

- (iii) Has anyone for whom this insurance is intended given Yes No notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim being made against the Company and/or any Director and/or Officer?

If yes, to any of the above please provide details:

12) Prior Knowledge

Does anyone for whom this insurance is intended have Yes No any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of this proposed insurance?

If yes, to any of the above please provide details:

DECLARATION

The undersigned authorized officer of the COMPANY declares, on behalf of the COMPANY for himself/herself and after enquiry of and with the express consent of each of the individuals proposed to be covered under this insurance that, to the best of his/her knowledge and belief the statements and declarations contained herein (and any material submitted herewith) are true.

Signing of the proposal form does not bind the undersigned to complete this insurance, but it is agreed that this proposal form together with any material submitted herewith (which shall be retained on file by the insurer and shall be deemed to be attached hereto) shall be the basis of a contract should a policy be issued and shall be deemed to be attached to and form part of the policy.

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited.

I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or any other validation method/system as applicable from time to time .

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

Date:

Name: Signature: _____

Business Reg. Number: Capacity:

As an attachment to this proposal form, please include the following (where applicable):

- Most recent report and accounts/financial statements (annual report), and/or form with the USA regulatory authorities
- Latest available interim financial statements / annual report.
- Most SEC filings (if applicable)

Important Notice

This is to inform you that this policy is issued to indemnify the Insured against legal liability in connection with the business/profession and/or subject matter described in the schedule to the policy. Therefore, such a judgement and/or decree being entered in a Court of competent Jurisdiction is a condition precedent to acceptance of liability in order to make any payment under the policy by us as Insurer subject to the terms, conditions and limitations therein.

If you need any clarification on the above, please do not hesitate to contact your Insurance Agent or our Head Office