

This is a Proposal Form for a 'claims made' Contract of Insurance which will respond only to claims made and reported to Insurers during the currency of such Contract of Insurance. Please tick the appropriate box and answer all Questions in full.

If there is insufficient space to provide an answer, insert "see attached" and show question number and answer on a separate sheet of paper.

1. Please state:

- (a) Name of the Company:
- (b) Address of Head Office:
- (c) Country of Incorporation:
- (d) Date of incorporation/formation:
- (e) Business activities of the Company and its subsidiary(ies):

2. During the last five years has:

- (a) the name of the Company been changed? ☐ Yes
☐ No
- (b) any acquisition, merger or divestiture taken place? ☐ Yes
☐ No
- (c) any Rights Issue taken place? ☐ Yes
☐ No
- (d) any subsidiary been sold or ceased trading? ☐ Yes
☐ No
- (e) the capital structure of the Company changed? ☐ Yes
☐ No

If the answer is "Yes" to any of the above, please provide details.

3. Is the Company:

- (a) Privately Held? ☐ Yes
☐ No
- (b) Publicly Traded (equity or debt)? ☐ Yes
☐ No
- (c) Is any subsidiary publicly traded (equity or debt)? ☐ Yes
☐ No

If the answer is "Yes" to any of the above, please provide details.

4. If a Director's & Officer's Liability Insurance Policy is currently in force, please state:

- (a) Insurer:
- (b) Indemnity Limit:
- (c) Expiry Date of the Policy:
- (d) Premium:
- (e) Retention(s):

5. Has the Company had any previous Director's & Officer's Liability Insurance Policy cancelled or declined for renewal by Insurers thereof?

- ☐ Yes
- ☐ No

If "Yes", please provide details.

6. Please state the aggregate Limit of Indemnity required:

7. Does the Company request or direct its Directors or Officers or employees to undertake positions on the Boards of outside companies (ie entities that are not the Company or its Subsidiary Companies) and is cover required for such outside directorships?

- ☐ Yes
- ☐ No

If "Yes", please state the names of the individuals, their title and the names of the outside companies on which they hold a position.

Name	Title	Company
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8. Are you aware, after enquiry, of any circumstances or incidents which might reasonably afford grounds for a claim against any Director or Officer of the Company or its subsidiary?

- ☐ Yes
- ☐ No

If "Yes", please provide details.

9. Has there been or is there now pending any claim(s) or actions against or investigation(s) of: (i) the Company or its subsidiary thereof; and/or (ii) any person proposed for insurance in his or her capacity as a director or officers of the Company?

- ☐ Yes
- ☐ No

If "Yes", please provide details.

Please complete Questions 10 - 14 if the Company is requesting any coverage for claims brought in the United States of America or claims made elsewhere arising out of the Company's operations in the United States of America.

10. (a) Please provide the total gross assets of the Company in the United States of America:
- (b) Please provide the total revenues of the Company derived from its activities in the United States of America:
- (c) Total number of employees in the United States of America and three US states with the largest number of such employees:

11. Does the Company have any ownership interest of 50% or less in any entity located or incorporated in the United States of America?

☐ Yes
☐ No

If "Yes", please provide name of entity, name of individual and position.

12. Does the Company or any of its subsidiaries have its stock, shares or debentures publicly traded in North America?

☐ Yes
☐ No

If "Yes", please list:

Name of entity	Type of security (equity or bond)	Each securities exchange /market per country	Type of listing (direct, ADR and level, OTC)	Percentage traded as a total of all issued share capital

13. Is the Company or any director or officer of the Company presently, or has the Company or any director or officer of the Company been in the past 5 years, the subject of a U.S. Securities and Exchange Commission (SEC) enforcement action?

☐ Yes
☐ No

If "Yes", please provide details.

14. Is the SEC investigating or requesting information from the Company of any of the Company's directors, officers or employees?

☐ Yes
☐ No

If "Yes", please provide details.

Supporting Information

Please submit with this Proposal Form:

- (i) the latest audited Annual Report
- (ii) any Interim Statement issued subsequent to the last audited Annual Report
- (iii) any SEC 20F filing or other filing made to the Securities and Exchange Commission (SEC) (or similar state or foreign agency) issued in the last 12 months (eg 10K report, registration statements)

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your Duty of Disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Declaration

I declare that to the best of my knowledge and belief the statements and particulars in this Proposal Form are true. I agree that this Proposal Form together with other information supplied shall form the basis of any Contract of Insurance effected hereon. I undertake to inform Insurers of any material alteration to those statements and particulars occurring before completion of the Contract of Insurance and understand that failure to do so, could prejudice any rights to indemnity under the Contract of Insurance and/or allow Insurers to void the Contract of Insurance ab initio.

Signed by:

Name and Title:

Company:

Date:

COMPLETION OF THIS PROPOSAL FORM DOES NOT IMPLY THAT INSURANCE WILL BE OFFERED BY INSURERS.

SIGNING THE PROPOSAL FORM DOES NOT BIND THE COMPANY OR INSURERS TO COMPLETE THE CONTRACT OF INSURANCE.

It is recommended that you retain a copy of this Proposal Form.

Once complete, please return this Proposal Form to:

Marsh (Hong Kong) Limited, FINPRO Division
26th Floor, Central Plaza, 18 Harbour Road
Wanchai, Hong Kong

Marsh (Singapore) Limited, FINPRO Division
8 Marina View #09-02
Asia Square Tower 1, Singapore 018960