

PROPOSAL FORM

FOR DIRECTORS & OFFICERS LIABILITY INSURANCE

Broker					
Contact Person		Telephone		Fax	

1. General Information

1.1.	Name of Company				
1.2.	Registered Address				
1.3.	Postal Address				
1.4.	E-mail address		Website		
1.5.	Vat Number				
1.6.	Business		Occupation		Date company established
1.7.	Annual turnover (R)		Total assets (R)		
1.8.	If the company operates outside South Africa please give details of the territories and percentage of business operations applicable				
1.9.	If the company has changed its name and/or country of registration in the last 5 years please give details				



SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

2. Details of Ownership

2.1.	Indicate legal status of company (public co, private co, Section 21 co, etc.)	
2.2.	If the shares of the company or subsidiaries are publicly traded, on which Stock Exchange(s) are they listed?	
2.3.	If the company has any shares in any American Depository Receipt (ADR) programme please give details	
2.4.	How many shares are owned directly, indirectly or beneficially by the directors and officers?	
2.5.	Give details of any shareholder owning directly, indirectly or beneficially more than 10% of the total share	
2.6.	If the company has announced within the last 24 months any intention, or are there imminent plans, to consolidate or merge with another entity please give details	
2.7.	If the company has sold or distributed any stocks or assets outside the normal course of business during the last 24 months, please give details	

3. Details of Subsidiaries

3.1.	Please give details of any subsidiaries to be included in this insurance			
	Name	Business	% Ownership	
3.2.	If any director or officer of the company sits on any outside board at the behest of the company please give details			
3.3.	Is cover required for such outside board positions?	Yes	No	

4. Insurance History

4.1.	Does the company currently have insurance for Directors and Officers Liability?	Yes	No	
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If "yes" give details

4.2.	Has an insurer ever cancelled, refused to accept or renew any Directors and Officers insurance for the company, or imposed special conditions?	Yes	No	
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If "yes" give details

4.3.	During the last five years has the company made any claim under a Directors and Officers Liability policy?	Yes	No	
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If "yes" give details

4.4.	Has the company, its directors or officers been involved in any of the following
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4.1.1.	Antitrust, copyright or patent litigation?	Yes	No	
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4.1.2.	antitrust, cop any civil or criminal action or administrative proceeding alleging a violation of any laws relating to the sale or purchase of any shares, investments or securities?	Yes	No	
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4.1.3.	any representative actions, class actions or derivative suits?	Yes	No	
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If any of the above are answered "yes" please give details:

4.5.	Are there any pending claims against anyone who will be covered under this insurance, which may fall within the scope of cover afforded by any similar insurance currently or previously in force?	Yes	No	
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If "yes" give details

4.6.	Has anyone who will be covered under this insurance given notice under the provisions of any other similar current or previous insurance of any facts or circumstances which may give rise to a claim being made against the company and/or any director or officer?	Yes	No	
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5. Cover Required

5.1.	Limit of liability (any one occurrence and in the aggregate) (R)			
5.2.	First Amount Payable			
	Directors and Officers individual Cover (R)			
	Company Reimbursement Cover (R)			
5.3.	Retroactive Date and Prior Litigation Date			
5.4.	Reinstatement Option	Yes	No	

6. Additional Information

Please attach a copy of the company's latest annual report and accounts.

DECLARATION

We declare that the statements and particulars in this proposal are true and that we have not misstated or suppressed any material facts. We agree that this proposal together with any other information supplied by us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein. We also declare that no other policy is in force, or will be effected during the currency of the policy now proposed other than the policy declared under 4.1. of this proposal.

We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance, nor does it bind the company to accept the proposal.

Name		Date	
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Title/Position	
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SIGNATURE OF PROPOSER Chairman / CEO	
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