

ALLIANZ PROTECT PLATINUM 11 DIRECTORS AND OFFICERS LIABILITY INSURANCE PROPOSAL FORM

NON-CONSUMER INSURANCE CONTRACT/KONTRAK INSURAN BUKAN PENGGUNA

Pursuant to Paragraph 4 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **for purposes related to your trade, business or profession**, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure shall continue until the time the contract is entered into, varied or renewed.

IMPORTANT NOTICE TO PROSPECTIVE POLICY OWNERS / NOTIS PENTING KEPADA BAKAL PEMEGANG POLISI

Policy owners are advised to read the policy carefully and understand the contents therein. You are encouraged to seek clarification from the insurer if necessary.

Signing of this Proposal does not bind the Company to offer or the Proposer to accept insurance, but it is agreed that this Proposal shall be the basis of any insurance issued. / *Menandatangani Cadangan ini tidak akan mengikat syarikat untuk menawarkan, mahupun untuk pencadang menerima Insurans, tetapi adalah disetujui bahawa Cadangan ini hendaklah dijadikan asas sebarang insurans yang dikeluarkan*

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know. The disclosures that you make are 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 us before you renew, extend, vary or reinstate a contract of insurance.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. Claims or circumstances, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.




You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

3. Notice

Please note that whenever used in this Proposal Form, the term Applicant shall mean Policyholder and all or any of its Subsidiaries as defined in **Allianz Protect Platinum II** Directors and Officers Policy Wording.

Allianz Customer Service Center

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.

Allianz Contact Center: 1 300 22 5542 Email: customer.service@allianz.com.my   AllianzMalaysia  allianz.com.my

SECTION 1 General Information

- 1 a) Name of the Applicant:
- b) Address of Applicant:
- c) Country of Incorporation:
- d) Website:
- 2 a) Date of establishment:
- b) Business activities of Applicant
- 3 During the past three years:
- a) Has the name of the Applicant been changed? Yes No
If YES, please specify
- b) Has any merger / acquisition / management buyout taken place? Yes No
If YES, please specify
- 4 In the next 18 months
- a) Are any acquisitions/mergers/ takeovers/ divestments/spin-offs planned? Yes No
- b) Is the Applicant aware of any proposals of its being acquired by another company? Yes No
- c) Does the Applicant intend to make any new equity or debt securities offering? Yes No
- If "YES" has been answered to any of the above, please give full details under a separate attachment.***
- 5 Is the Applicant
- a) Private
- b) Public
If Public, please specify which Stock Exchange
- c) Any listed Securities¹? Yes No
If YES, please specify which Stock Exchange
- 6 a) Are there any shareholdings exceeding 10%? Yes No

¹ Securities means any of the following issued by the Applicant or its subsidiaries:

- (i) bonds, debentures, evidence of indebtedness, notes, shares, stocks or other equity or debt security; and
- (ii) certificates of interest or participation in, receipts for, warrants or other rights to subscribe to or purchase, voting trust certificates relating to, certificates of deposits for, or other documentary evidence of interest in any of the Securities referred to in (i) above.

(If available, please attach the ownership structure of the Applicant and its group of companies (both direct and beneficial))

- b) Are there any plans to change the ownership structure in the next 18 months? Yes No

SECTION 2 North America Supplementary – to be completed only if applicable

The following section is to be completed **ONLY** if cover is required in respect of claims made in the United States of America or claims made elsewhere arising out of the Applicant’s operations in the United States of America.

1 Please provide the total assets held by the Applicant in United States of America.

Please provide total annual revenue derived from United States of America.

- 2 a) Are any of the Applicant’s Securities publicly traded? Yes No

If YES, please specify the level of ADR and the date of listing

- b) What is the amount of market capitalisation of such Securities?

- 3 Are there any Subsidiaries in United States of America or Canada? Yes No

If YES, please list

- a) Name
b) Shareholding in Subsidiary

- c) Is subsidiary private or listed? private listed

- 4 a) Are there any SEC inquiries or investigations pending against the Applicant or their directors or officers? Yes No

If YES, please give details.

- b) Have there been any SEC inquiries or investigations pending against the Applicant or their directors or officers? Yes No

If YES, please give details.

If “YES” has been answered to any of the above, please give full details under a separate attachment.

SECTION 3 Employment Practices Liability Proposal Form – to be completed only if cover is required

- 1 Number of Directors
Number of full-time Employees
Number of part-time/temporary Employees
Total number of Employees

USA & Canada		Other	
Current Year	Previous Year	Current Year	Previous Year

2 Does the Applicant have a full time human resource manager? Yes No

If NO, please provide details on how this function is being handled

3 Is the Applicant conducted any retrenchments or staff reductions or plan to conduct any retrenchments or staff reductions in the next 18 months? Yes No

If YES, please give full details

4 a) Does the Applicant have a written employment contract with all Employees? Yes No

b) Does the Applicant have a have any human resources manual or other written management guidelines which address discrimination, sexual harassment, disciplinary actions and terminations or layoffs? Yes No

If NO to any of the above questions, please provide full details on how such matters are handled and by whom.

SECTION 4 Cyber Related Risk Information

1. Did the Company / CEO appoint a senior executive (e.g. CISO) who is responsible and accountable for the implementation of the cyber resilience strategy and framework?

Yes No

2. Has the board approved the cyber resilience strategy and framework?

Yes No

3. Has the Company established an internal, cross-disciplinary steering committee comprised of senior management and appropriate personnel from multiple business units (e.g. business, finance, risk management, internal audit, operations, information security, information technology, communications, legal, HR and organization) to collectively develop a cyber-resilience strategy and framework?

Yes No

4. Did the company ever suffer a cyber-attack or a privacy breach?

Yes No

5. A Business Continuity procedure and/or a Disaster Recovery procedure in the event of a Cyber-attack and a privacy policy are in place?

Yes No

6. Which standards, guidelines and/or recommendations has the Company used as a benchmark in designing its cyber resilience framework? E.g. ISO/IEC 27001 and 27002 and/or ISO 22301 and/or data/computer centres tier classification (if applicable) and/or PCI DSS (if applicable) and/or ISA/IEC-62443 (if applicable)

7. How often does the board of directors meet with the CEO, CRO, Head of IT, CISO and CFO to discuss Cyber security readiness, improvements and disclosures? What do these meetings contemplate?

8. How often does phishing training/tests take place?

9. What tangible improvements have the C-Suite executives made to an organization's Cyber security controls, including auditing and oversight improvements, during the last 12 months?

SECTION 5 Information Related to Coronavirus

1. Has the company disclosed or is it planning any changes to disclosures to address the potential impact of Coronavirus (COVID -19)? Yes No
If yes, please specify.

2. How do you assess and mitigate the risk of non-compliance with disclosure requirements?

3. Does the company anticipate any financial impact due to the Coronavirus (liquidity, sales decrease, higher costs, impairment charges, etc.). Yes No
If yes, please quantify and specify financials plans in place to minimize the impact.

4. Which risks of production/service delays or product/service shortages is the company facing due to Coronavirus? Please provide details by product/service (e.g. shortages of materials/supply chain) and specify contingency plans in place to minimize the impact.

5. How is the company protecting its own workforce from pandemic/epidemic exposures (e.g., but not limited to Coronavirus)? Please specify.

6. Does the company have Crisis Management practices in place for pandemic/epidemic exposures (e.g., but not limited to Coronavirus)? Yes No
If yes, please advise on the set-up, expert advice, areas impacted, etc.

SECTION 6 Claims History

1. Have any claims ever been brought against the Applicant or any past or present Director or Officer of the Applicant? Yes No
If YES, please give details.

- 2 Has the Applicant or any of their directors or officers been subject to an inquiry or investigation or requested to assist in any inquiry or investigation by a regulator stock exchange or any other government body? Yes No
If YES, please give details.
- 3 Has any notification and/or claim been made under any prior or current Directors and Officers Liability policy or similar insurance? Yes No
If YES, please give details.
- 4 Is the Applicant aware, after enquiry, of any circumstance or incident which may give rise to a claim under the proposed policy? Yes No
If YES, please give details.

SECTION 7 Insurance History & Limit of Liability

- 1 If the Applicant or any Directors and Officers have Directors and Officers Insurance currently in force, please state details:
Insurer :
Limit of Liability :
Expiry Date :
- 2 Has the Applicant ever been refused this type of Insurance or had a similar Insurance cancelled? Yes No
If YES, please give reasons for refusal or cancellation.
3. Limit of Liability required
a)
b)
c)

Declaration

I/We understand and agree that any information provided herein and/or in any other related document may be provided to third parties in relation to the insurance cover applied for including without limitation, vendors, reinsurers and professional *advisers*. For the avoidance of doubt, such consent applies to all information provided by the undersigned for and/or on behalf of the proposed insured(s), where applicable.

I DECLARE that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been misstated or suppressed after reasonable enquiry. I undertake to inform insurers of any material alteration to those facts occurring before inception of the insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed:
Chairman/Chief Executive/Managing Director

(This form must be signed by the Chairman, Chief Executive or Managing Director)

Name of signatory:

Applicant:

Date:

Applicable Tax

In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "**Applicable Tax**") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this Policy, We will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this Policy on payment of premiums and default hereof shall apply equally to the Applicable Tax.