



AIG BUSINESS GUARD

# Management Company Protection - MC-Pro

Application Form management company Liability<sup>1</sup>

## General information

1 Name and legal form of the management company:

2 Address of the management company:

3 Date of establishment of the management company:

4 Please select the domain of professional managerial activity<sup>2</sup>:

- |   |   |   |  |
|---|---|---|--|
| <input type="radio"/> HR Manager  | <input type="radio"/> General Manager/CEO | <input type="radio"/> Purchase Manager    | <input type="radio"/> Legal director or -manager |
| <input type="radio"/> Operations Manager                                | <input type="radio"/> IT manager          | <input type="radio"/> Commercial Director | <input type="radio"/> Finance Manager            |
| <input type="radio"/> Other (management position): <input type="text"/> |   |   |  |

**!** If the client has the function of 'General Manager/CEO' an additional premium of 20% will be applied on the premiums mentioned on page 2.

5 Name of the Principal(s) (max. 2 Principals) where above activity is practiced:

6 Does the management company provide services for a Principal ...

a. of which the policyholder controls more than 15% of the shares?

Yes  No

If yes, please provide the percentage of the shares:

b. which is publicly traded?

Yes  No

7 Is the liability of the management company towards the Principal limited by the management contract (premium discount of 10 % for each "Yes" for following points)...

a. up to a maximum of 2,5 times the annual turnover?

Yes  No

b. with an exclusion for indirect damages?

Yes  No

**!** If the response on question 7a or 7b is 'Yes'; the policy will only be underwritten after receipt of the management agreement in which the above limitations in liability are highlighted.

8 Is the total asset in the latest balance sheet of the management company (or the forecast) above 2.500.000 Euro?

Yes  No

<sup>1</sup> The management company is the company set up by a natural person and which purpose is to participate under service contract in the management activity of another company (the Principal).

<sup>2</sup> This information is essential to obtain a policy/tarification. What is entered here will be considered the official insured professional activity in the final policy.



## Claims history

9 Declares not to have had any damages for the last 5 years that might qualify for coverage extensions listed.

Correct

Incorrect

**!** If the answer to question 9 implies the disclosure of personal data around criminal information, investigations, convictions and offences, please contact us prior to such disclosures.

## Sanctions

10 The management company has a branche, subsidiary, participation or joint venture and/or has activities in Cuba, Iran, Myanmar, Sudan, Syria, North Korea, Belarus, Zimbabwe, Crimea region.

Yes

No



If the answer on question 6a, 6b and/or 8 is 'Yes' AND/OR the answer on question 9 is 'Incorrect', then please contact your insurance broker in order to obtain a tailor-made solution.

## Premium (incl. taxes) and limit of liability (in Euro)

| Annual turnover  | Limit of liability per policy period for the covers<br>Professional Liability and Directors & Officers Liability (deductible per claim: 1.000) |                             |                             |
|------------------|--|-----------------------------|-----------------------------|
|                  | 250.000  | 500.000                     | 1.000.000                   |
| 0 - 250.000      | <input type="radio"/> 1.000  | <input type="radio"/> 1.300 | <input type="radio"/> 1.650 |
| 250.000- 500.000 | <input type="radio"/> 1.250  | <input type="radio"/> 1.600 | <input type="radio"/> 2.000 |

Coverage for Professional wrongful acts committed up to 1 year before Inception date of the policy for a 50 % one time additional premium?

Yes

No

**!** For the activity of 'General Manager/CEO' an additional premium of 20% will be applied on the premiums mentioned above.

## The coverage also includes (in Euro)

| Cover                              | Limit of liability | Deductible |
|------------------------------------|--------------------|------------|
| Public Liability                   | 1.250.000          | 250        |
| Goods in care, custody and control | 12.500             | 1.250      |
| Legal Assistance                   | 25.000             | Nihil      |
| Employment Practices Liability     | 100.000            | 2.500      |

**!** These additional covers and deductibles can not be changed.

## Conditions

- Applicable Wording: AIG EU FL BE BG MC Pro EN
- Period requested: 12 months with inception from:  at 24:00h (local time)

**!** The inception date can only be maximum two weeks before the date of signature or 30 days after the signature of the application form.



## (OPTIONAL) Information for the Accident & Health coverage:

### Insured (for each insured)

Name and First Name:

Date of birth:

Endorsement World Business Card Silver - 150 Euro per insured and per year. Number of insured:

Endorsement Individual Accident 24/24 - 150 Euro per insured and per year. Number of insured:

## Declaration

The undersigned (acting on behalf of the company) declares that the statements and particulars in this proposal are true and no material facts have been misstated or suppressed. A material fact is one that would influence the acceptance or assessment of the risk. The undersigned declares that this proposal form, and any attachment or any information submitted therewith and any and all other information supplied or requested, shall form the basis of any contract of insurance effected thereon. The undersigned further undertakes to inform the insurer - before and after the inception date of the proposed policy - of any material alteration to any information, statements, representations or facts presented in this proposal and of any other useful information in the framework of the risk assessment.

The undersigned declares explicitly to have received a copy of the general conditions and other (pre)contractual documents (IPID, etc.) and agrees upon those. The undersigned also declares to have read and fully understood the cover's details, exclusions and limitations. He explicitly requests AIG to, except if this situation needs a tailor-made solution, to issue the policy with the above mentioned inception date.

## Sign

Name:

Date:

Signature:



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