

# Statement of Fact for Directors and Officers Liability Insurance PE/VC Portfolio Company Form

Insured Company Name:	Address:
Company Registration No:	Registered Address (if different from the above):
Name of individual completing form:	Contact details:

Total consolidated asset of the Insured (and subsidiaries) at the last completed year end	€
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Please confirm or deny the statements below:

1	The Company has been in operation less than 12 months If Confirmed, please provide a set of pro-forma accounts	Confirm	Deny
2	The Company has not changed ownership or control in the last 12 months, and is not expected to do so in the next 12 months? (If Denied, please provide full details of change, including corporate structure AND Director's CVs)	Confirm	Deny
3	Please confirm the Company and all subsidiaries are private and not listed on any stock exchange	Confirm	Deny
4	Please confirm the insured has a principal address and domicile in one of the following territories: 1) Republic of Ireland 2) Cayman Islands; British Virgin Islands; Luxembourg provided >50% of revenues are generated from Republic of Ireland		
		Confirm	Deny
5	Please confirm neither the Insured's consolidated asset size and/or revenues derived from USA domiciled clients is 25% or less (over 25% will still be considered) Please state the percentage	Confirm	Deny
			%
6	The company does not offer professional, legal, tax, financial or investment advice and is not authorised, registered or regulated by the Financial Conduct Authority or Prudential Regulation Authority or local equivalent regulator	Confirm	Deny

### Business activities

Description of the business activities undertaken by the Insured and any subsidiaries:

Please confirm the Company is not involved in any of the business activities listed below:

Gaming/Gambling/Betting	Corporate service providers	Confirm	Deny
Adult entertainment	Trustees & Partnerships		
Long Term Care, Care Homes, Domiciliary care & Social care	Companies operating in the Cannabis/Opium/E-Cigarettes industry		
Education	NFT's		
Financial Institutions	Any account with any exposure to cryptocurrencies		
Insurance industry	Organisations and/or individuals in those territories subject to US or European sanctions		
Legal Services/tax advisors			

### Business Continuity

Please confirm the insured has a Business Continuity Plan (BCP) in place	Confirm	Deny
In relation to the insureds BCP, please confirm you have not discovered any negative issues relating to supply chain provisions, remote working capability and increased cyber resilience requirements resulting therefrom?	Confirm	Deny

### Claims

Please confirm the directors and officers of the insured have never been subject to a criminal conviction nor have any pending criminal convictions awaiting a court hearing, resulting from their professional activities	Confirm	Deny
Please confirm the directors and officers of the policyholder have never been declined insurance cover relating to their professional activities	Confirm	Deny
Please confirm the directors and officers of the insured have not been subject to a claim, or circumstance that could give rise to a claim, of a type that could be insured under this policy in the past 5 years	Confirm	Deny
Please confirm the directors and officers of the insured are not subject to any ongoing review, action or investigation of any regulator	Confirm	Deny

### Declaration

I/We confirm that the information given in this proposal form is correct, accurate and complete and I have made a fair representation of the risk.

Signature of Chairman/Chief Executive (or equivalent):	Date:
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