

PrivateEdge for Partnerships Proposal Form

Important Note

Unless the sense of the question indicates otherwise, each question is to be answered for the Partnership and every subsidiary company (direct or indirect).

Proposed policyholder details

1 (a) Name of Partnership (subsidiaries do not need to be listed)

(b) Registered Address of Partnership

(c) Registration Number for the Partnership and each subsidiary

(d) Main website address for the Partnership

2 Does the Partnership have any subsidiaries which are not registered in the UK? If yes, please complete the attached Foreign Subsidiaries Supplementary Questions Yes / No

3 Please provide a full description of your business activities

4 Please provide the value of sales to third parties (i.e. excluding any inter-group sales)

5 Please advise the total number of employees

(a) Full time

(b) Part-time

6 Is cover required for Pension Trustees? If yes, please complete the attached Pension Trustee Liability Supplementary Questions. Yes / No

7 Is cover required for Crime insurance? If yes, please complete the attached Crime Supplementary Questions. Yes / No

8 Does the Partnership have a written grievance procedure which is Yes / No

communicated to all employees?

- 9 Is the Partnership currently undergoing any employee layoffs, early retirements or redundancies or contemplating same in the next 12 months? Yes / No

If 'Yes', please provide full details

- 10 (a) Have any claims ever been made against:
- (i) any past or present Partner, Director, Officer, or employee acting in a managerial/supervisory capacity (including all employees with regard to employment related disputes) Yes / No
- (ii) the Partnership or its subsidiaries? Yes / No
- (b) Are there any circumstances or incidents which may give rise to a claim? Yes / No
- (c) Have you suffered any losses in the past 5 years resulting from the fraud or dishonesty of any employee or third party? Yes / No

- 11 Please indicate the amount of indemnity requested:

(a) Cover for claims against individuals including Partnership Reimbursement

(b) Additional limit for direct claims against the Partnership

(c) Additional limit for direct employment claims against the Partnership

(d) Additional limit for pension trustee liability claims

- 12 Please provide the email address of the person within the Partnership to whom regular updates on Employment and Health and Safety issues should be sent

Signing this proposal does not bind the proposer to complete this insurance.

Declaration

I declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before completion of the contract of insurance.

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

Signed

Title (Authorised Signatory of the Partnership and its subsidiaries)

Partnership

Date

AIG UK Limited
The AIG Building
58 Fenchurch Street
London EC3M 4AB

Insurance is underwritten by AIG UK Limited which is authorised and regulated by the Financial Services Authority (FSA number 202628). This information can be checked by visiting the FSA website (<http://www.fsa.gov.uk/register>).
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Foreign Subsidiaries Supplementary Questions

A Please provide details of your foreign subsidiaries (ex USA)

Territory	Number of locations	Turnover	Employees	
			Full time	Part time

B Please provide details of your USA subsidiaries

State	Turnover	Union employees		Non-union employees	
		Full time	Part time	Full time	Part time

C Does the Partnership have a written Human Resources manual or equivalent written management guidelines? Yes / No

If "yes", are all management and supervisory employees:

(i) provided with a copy of such manual? Yes / No

(ii) provided with training in the proper implementation of the organisation's personnel policies and procedures? Yes / No

D Please tick box if the manual/ guidelines indicate a policy on procedure with respect to the following events

Written application for employment

Legally prohibited discrimination

Compliance with statutes	
Redundancies, termination of employment and early retirement	
Employee appraisals/reviews	
Confidential treatment of medical examinations	
Sexual harassment	
Employee disciplinary actions	

E Please tick relevant box(es) if decisions regarding these events are always subject to prior review by the Partnership's Human Resources department, Legal department or outside Legal Adviser.

Individual decisions are always reviewed by:

		Human Resources Dept.	Legal Dept.	External Legal Adviser
1	Written application for employment			
2	Confidential treatment of medical examinations			
3	Legally prohibited discrimination			
4	Sexual harassment			
5	Compliance with statutes			
6	Employee disciplinary actions			
7	Redundancies, termination of employment and early retirement			
8	Employee out-placement services			
9	Employee appraisals/ reviews			

F Does the organisation have an employee handbook which is distributed to all employees? Yes / No

If "yes", please confirm that:

(i) there is a complaints procedure available to all employees Yes / No

(ii) the process permits employees to bypass their immediate supervisor/ manager in order to pursue any complaint(s) Yes / No

G Is the Partnership currently undergoing, or does the Partnership contemplate undergoing during the next 12 months, any employee layoffs or early retirement (including those resulting from any type of company restructuring, office, plant or store closure)? Yes / No

If "yes", please attach full details.

Pension Trustee Liability Supplementary Questions

1 Number of pension plans

2 Total assets of all pension plans

3 Please complete plan details for each plan with assets of £100 million or more.

4 Are all contributions compliant with the actuarial Contribution Schedule or are all defined benefit plans adequately funded? (tick here if no defined benefit plans are provided by the organisation) Yes / No

If 'No', please complete plan details for each applicable plan.

5 In the past 24 months has there been, or, in the next 12 months is there anticipated, (a) any amendments in the plan scheme, benefits or participants' share of costs or (b) any plan termination or any merger with another plan? Yes / No

If 'Yes', please complete plan details for each applicable plan with full details on such plan amendments, terminations or mergers.

6 Are any of the pension plans subject to the Employee Retirement Income Security Act of 1974 (ERISA)? . Yes / No

(a) If any ERISA plans, is any ERISA plan a defined benefit plan? Yes / No

(b) Does any ERISA plan contain employer securities? Yes / No

If 'Yes' to (a) or (b), please complete plan details for each applicable plan.

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Supplemental Plan Details Form

(Part of Pension Trustee Liability Proposal)

1 Name of Plan

2 Current market value of plan assets

3 Please indicate which type of plan is provided:

4 Please provide most up to date figures for:

Number of active members	Number of deferred members	Number of retired members

5 Does the plan invest in employer securities other than employer securities that are incidentally held in a fund? Yes / No

If 'Yes', please provide details on investment terms including restrictions on sale of such securities.

6 Is the employer Partnership and or any of its subsidiaries a Corporate Trustee Company? Yes / No

7 Please complete with regard to the services providers (Custodian, Administrator, Investment Manager, Legal Advisor, Actuary) for the plan:

(a) Are all non-affiliated with the employer or trustees? Yes / No

(b) Are all appointed or approved by the trustees? Yes / No

(c) Does the Investment Manager possess full investment discretion? Yes / No

If 'No' to (a), (b), or (c), then please provide full details.

8 Are all plan assets held in custodianship independently from the employer company and investment manager? Yes / No

ERISA Plan Details (if applicable)

9 Have there been any known violations of ERISA? Yes / No

If 'Yes', please provide details by attachment.

10 If this is a defined benefit plan, has this plan been converted or is there an anticipated conversion of this plan into a cash balance plan or a plan with cash balance plan features? Yes / No

If 'Yes', please provide details by attachment.

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Crime Supplementary Questions

- 1 Is the principle of dual control and independent validation applied with regard to all payments, including the drawing and signing of cheques and the use and of electronic funds transfers, opening new bank accounts or amending approved signatory details Yes / No
- 2 Please confirm that no individual can control the appointing of suppliers or the awarding of contracts from commencement to completion without the referral to others Yes / No
- 3 Please confirm the maximum value of money, securities, precious metals and/or jewellery at any one location Yes / No
- 4 Are bank statements independently reconciled by those not permitted to make payments, including the drawing and signing of cheques and the use of electronic funds transfers, at least every 30 days? Yes / No
- 5 In connection with any acquisition, are all recommendations arising from the pre-acquisition due diligence process immediately implemented? Yes / No
- 6 (a) Have all recommendations by External Auditors regarding internal controls been complied with following your last audit? Yes / No
- (b) If "no", please provide details
-
- 7 Are monthly management reports examined for variances against budget forecasts and such variances investigated? Yes / No
- 8 Are wages/salaries independently checked against personnel records for unusual or excessive payments? Yes / No
- 9 When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:
- (a) obtain written references covering, at least, their previous 3 years employment history? Yes / No
- (b) undergo a process to ensure their suitability for the position? Yes / No
- 10 Is an independent physical count of stock, raw materials, work in progress and finished goods undertaken at least half yearly and is this count reconciled against stock records? Yes / No
- 11 Are unique passwords used to give various levels of entry to the computer depending on the users' job functions? Yes / No
- 12 Are passwords automatically withdrawn when people leave? Yes / No
- 13 Can payment instructions only be made to accounts which are pre-determined as an approved beneficiary? Yes / No

If any question is answered No please provide full details.