



APPLICATION FORM TRUST POLICY

GENERAL INFORMATION

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1. a. Name of applicant :
- b. Address of applicant :
- c. Telephone number :
- d. Contact person :
- Contact Address :
- e. Website Address :
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2. a. Nature of operations :
- b. Number of client companies in
- The Netherlands :
 - Luxembourg :
 - The Netherlands Antilles :
 - BVI :
 - Cayman :
 - U.K. :
 - Cyprus :
 - Other :
- GRAND TOTAL** :

- c. Division of services in percentage of total turnover

Services rendered	Percentage of turnover
Management	%
Domiciliation/ Registration	%
Administration & Accounting	%
Custodian	%
Corporate Secretary	%
Tax (VAT/CIT filing, tax reporting, etc.)	%
Family office	%
Estate planning	%
HR/ Payroll	%
Royalties & Licensing collection	%
Fund administration	%
Registrar & Shareholder services	%
Structured Finance	%
Liquidation	%
Auditing	%
Legal	%
Portfolio investment	%
Sale & purchase of shelf companies	%
Carbon services	%
Financial Planning	%



Investment Risk Management	%
Escrow	%
Employee participation plan services	%
Other	%
	%
	%

d. Division of the activities of the client companies

Activities	Conducted by x % of the client companies
Holding	%
Finance	%
Royalty	%
Owner real estate	%

e. Geographic division of the activities of client companies

Area	% of the clients active in this area
Europe	%
Outside Europe (excluding USA/Canada)	%
USA / Canada	%

f. Geographic turnover split as percentage of total turnover

Area	%
Europe	%
Outside Europe (excluding USA/Canada)	%
USA / Canada	%

g. Turnover split as percentage of total turnover per type of client

Type of client	%
Financial Institution	%
Publically listed company	%
Others	%

h. Total Asset under Administration (if applicable)

In mio's EUR	Previous / current year / estimate next year

3. a. Subsidiaries that need to fall under the insurance cover:

Name and legal form	Place and country of establishment	% of shares held
		%
		%
		%

b. Average number of shelf companies held?



4. a. Percentage of client companies where a director or an employee of the Trust Company is appointed as personal managing director.
- b. Percentage of client companies where the Trust Company itself is appointed as managing director.
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5. Percentage of client companies where either a personal managing director provided by the Trust Company or the Trust Company itself is authorised on the bank account:
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6. Annual turnover (excluding VAT) as a total for all companies that need to be insured

- a. Realised in servicing client companies
- realised last financial year :
 - expected current financial year :
- b. Realised in providing other trust services (mutual funds, bonds etc.)
- realised last financial year :
 - expected current financial year :
-

7. Number of employees :
-

8. Is your company a member of a branch organisation? If yes, what branch organisation(s)?
-

9. a) How do new customers usually arrive at your organisation?

- b) What actions do you undertake to screen both new and existing customers?
-

10. Does your company have any subsidiary, establishment, entity, association or joint-venture in or is the Company doing business (with any party) in one of the following 6 countries:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Syria | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cuba | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sudan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Iran | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Myanmar (formerly Burma) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| North-Korea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes" to any of the above, please provide turnover and description of business activity.

11. Please provide copies of the following documents on all companies that should be insured:

- a. Recent extract(s) from the Trade Register of the Chamber of Commerce
- b. Articles of Association
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- c. Annual report(s) over the past 2 financial years
- d. Brochures
- e. Recent list of client companies
- f. Specimen of the following documents if applicable:
 - * Management Agreement;
 - * Domiciliation Agreement;
 - * Custodian Agreement;
 - * Liquidation Agreement;
 - * Side Letter to any of the above documents;
 - * Any other relevant documents



APPLICATION FORM - TRUST POLICY

PROFESSIONAL INDEMNITY

SECTION 1

1. Full list of the names of all managing directors and any other employees that are registered as managing director or proxy holder for one or more of the client companies, accompanied by the curricula vitae of these persons.

2. Has a professional liability insurance ever been cancelled or refused to your company or to a former company of you or one of your partners/managing directors? If so, please give full information.

3. Have you or one of your partners or managing director ever been held liable for errors of omissions in the quality for which the current insurance is required and has payment been made as a result of this? If so, please give full information.

4. a) Are there currently any liability claims resulting from your current quality?
If so, please give full information.

b) Are you familiar with any circumstances that could lead to a liability claim?
If so, please give full information.

5. Is the quality you are currently requesting an insurance for a new activity?
If so, please indicate where you obtained experience.

6. Does your company currently have professional liability insurance elsewhere?
If yes, please give full information.

7. a) How many persons are employed with your company that are not partners and/or managing directors and what are their activities?

b) Which persons have a leading position and how are they educated?



8. Does your company use external advisors? If yes, who and in what cases (tax advice, legal advice, etc.)?

9. Should loss of (corporate) documents be insured?

10. Do you wish to cover claims originating from before policy start, but occurring after this date? (additional premium will be charged for this cover)

11. What amount do you wish to insure?

- 0 EUR 500.000 per claim
 - 0 EUR 1.000.000 per claim
 - 0 EUR 2.500.000 per claim
 - 0 EUR 5.000.000 per claim
 - 0 EUR _____ per claim
-

12. a) When should the insurance start? :

b) What is your financial year? :



APPLICATION FORM TRUST POLICY

DIRECTORS & OFFICERS LIABILITY

SECTION 2

1. Share capital of the company

- a) Total number of shares :
- b) Total number of shareholders :
- c) Total number of shares in the possession of managing directors and supervisory directors :
- d) Are there shareholders that keep over 20% of the shares? :
If yes, please give further details :

2. Total assets of subsidiaries established in USA / Canada :

3. Complete list of all managing directors of the company :

4. Complete list of all supervisory directors of the company :

5. Total number of managing directors of the subsidiaries of the company that are not already mentioned under question 3 :

6. Total number of supervisory directors of the subsidiaries of the company, that are not already mentioned under questions 4 :

7. What amount do you wish to insure?

- 0 EUR 500.000 per claim
- 0 EUR 1.000.000 per claim
- 0 EUR 2.500.000 per claim
- 0 EUR 5.000.000 per claim
- 0 EUR _____ per claim



8. Does the company currently have a directors and officers' liability insurance? If yes, with what insurance company and what is the due date?

9. Has such an insurance ever been declined or cancelled by an insurer? If yes, for what reason?

10. Have there ever been any claims against one or more managing directors and/or supervisory directors in this capacity? If yes, please give details?

11. Are there any circumstances known to you that can result in such a claim? If yes, please give full details?

12. Does your company have firm plans to participate in, or acquire other companies?

13. Does your company have firm plans for (further) diversification within the organisation?

14. Are there any indications that your company will be taken over by or merge with other companies at short notice?

15. Are there any indications that the profitability will change substantially?

16. Have there been any changes in the basis of accounting in the past years?

17. Are there special proportions of ownership within the company (for example mortgage, back loans etc.)?

18. Does the company apply for the so called Structure Regulation?



19. Does the company apply to the legal demands with regard to publication?

20. Total Assets in North America:

21. Please list those subsidiaries in North America that are not wholly owned, together with the Company's percentage of interest in each subsidiary.

22. Does the company or any of its subsidiaries:

a) have any securities in North America? If yes, on what data was the last offer made?

Was the offer subject to The United States Securities Act of 1933 and/or The Securities Exchange Act of 1934 or any amendments thereto?

b) have any debt or equity instruments or commercial paper in North America?
If yes, what was the most recent effective date?
and, what were the effective dates and amounts of the three largest in the last five years?

Amount	Effective date
1.	
2.	
3.	



APPLICATION FORM TRUST POLICY

ADDITIONAL QUESTIONS

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1. Are there any facts known to you with respect to a possible criminal past of yourself or an Insured over the past 8 years, or any other facts (regarding both the insured risk and the person of the applicant and/or insured) that may be of importance for this insurance application? *

**In the affirmative you may forward this information confidentially to the board of Managing Directors*

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2. Do you have any remarks or information that may be of importance for the assessment of this risk?
-

The Undersigned having knowledge of the Articles 7: 928 BW and 7:929 BW*, declares to have answered the above questions faithfully and as complete as possible.

This application form does not commit either the applicant or the insurance company to engage into an insurance agreement.

Date : _____ Place :

Name :

Function: _____ Signature: _____

- * *The Articles 7: 928 BW and 7:929 BW states that an insurance agreement can be declared non valid, should you have submitted untrue or incomplete information in the application of this insurance (concealment) on purpose. Your duty to submit information does include everything that can be of importance to insurers for the assessment of the risk that should be insured (and the person of applicant and/or insured). The result of concealment is that the insurer can call upon the invalidity of the agreement and refuse to pay a claim.*

In answering please use an extra page when there is not enough room for your answer.

Personal Data

Your personal data (hereinafter the « Data ») will be collected and processed by AIG Europe Limited, Netherlands, located at the address below (hereinafter "AIG") in accordance with the Code of conduct for the processing of personal data by financial institutions ("Code of Conduct"). AIG is the controller responsible for the processing of these Data and the processing is notified to the Personal Data Protection Commission. The Data will be processed for the purpose of the use of the services provided by AIG, including risk assessment, contract management, claims handling and crime prevention (such as fraud) as well as to allow AIG to fulfill its legal obligations. In connection with AIG's activities and for the purpose of good service, AIG may transfer these Data to other companies of the group of companies it belongs to, to subcontractors or to partners. These companies, subcontractors or partners may be located in countries outside the European Economic Area that do not necessarily offer the same level of protection as The Netherlands. With regard to these transfers, AIG will take precautionary measures to ensure the protection of Data in these countries as well as possible. Unless you object hereto, the Data can be used by AIG for marketing purposes. According to the Code of Conduct, you are entitled to access, amend or oppose (for a reasonable cause) to the processing of Data related to you. To exercise these rights, you can contact AIG at any time in writing at K.P. van der Mandelelaan 50, 3062 MB Rotterdam. For further information on the mechanisms for processing your Data by AIG, you will find AIG's complete Global Privacy policy on <http://www.aig.com/nl-privacybeleid>.