

**Directors & Officers Insurance Quotation Form**

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**Name of Insured:** .....

**Risk Addresses of all units within the Residents Management Company:**  
 .....  
 .....

**Cover required from (Date)\*:** .....

*\*Please ensure the start date of policy is after the date form signed*

**Number of Units within the Residents Management Company:** .....

**Please Indicate the limit of indemnity required:**

- £100,000
- £250,000
- £500,000
- £1,000,000
- £2,000,000
- £3,000,000

**Please let us know immediately if you cannot agree to any of the following statements to the best of your knowledge and belief:**

- You are solely a Residents Management Company as named above as the insured
- No Insurer has declined any proposal, refused renewal, terminated cover, required increased premiums, or imposed special conditions
- You, any member of your family directly connected with the property, or any business partner or director have never been made bankrupt, gone into liquidation, or received County Court Judgements
- No claim has been made or legal action brought against the Residents Association/Management Company or any past or present director or officer of the Residents Association/Management Company
- No past or present director or officer is aware, after enquiry, of any circumstance or incident which may give rise to a claim
- You, any member of your family directly connected with the Property, or any business partner or Director have never been convicted of, or charged but not yet tried with a criminal offence (other than motoring offences)

There are no material circumstances of which the insurer should be made aware *Note: A circumstance is material if it would influence the judgement of an insurer in determining whether to provide insurance for the risk and if so, on what terms*

**In addition, you agree:**

All parties that form part of the insured entity have never had any disputes with the freeholder.

You have been trading for a minimum of 12 months, are incorporated, and registered at Companies House, your accounts are filed in proper time without any auditor's qualification and/or that your annual report shows no deficit in either of the last 2 years

No Director or Officer (past or present) has been made bankrupt, insolvent or been disqualified from being a director or has been involved in any company that went into receivership, administration, or liquidation.

**Details of your loss and claims history**

We are required to advise the Insurer if you have ever had any losses in the last 3 years. These must be advised whether they were insured or not.

**Name of Proposer:**

**Email Address:**

**Companies House number:**

**Date:**