

Proposal Form

**Directors' and Officers' Liability Insurance
Including Company Reimbursement**



Notes to the Proposer

This is a Proposal Form for a policy relating to claims made against the Insured during the duration of the policy period.

All questions must be answered to enable a quotation to be given (including 'not applicable' if relevant). If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

Please note that this proposal form is being completed on behalf of all Insureds. Signing or completing this proposal does not bind the Proposer, or the Underwriters to complete a contract of insurance.

The Following Documents must be submitted with the proposal form

- * The latest audited consolidated accounts of the Company and of the ultimate Holding Company (if applicable)
- * The latest Interim Statements (if applicable)
- * Copy of all circular letters sent to the Company's shareholders during the last twelve months.
- * The latest 20-F filing made to the USA regulatory authorities (if applicable) and any copies of financial statements certified by the CEO and/or CFO.

Insurance Premium Taxes

Please complete the appendix to this proposal form, as the information requested is utilised to determine the applicable insurance premium taxes in those territories where insurers make payment of the taxes on your behalf. Failure to provide this information may delay completion of the placement.

PROPOSER INFORMATION

1. i) Name of the Company
Exportní garanční a pojišťovací společnost, a.s.
- ii) List of subsidiaries
- iii) Address of Head Office
Praha 1, Vodičkova 34/701, PSČ 111 21
- iii) Country of Registration
Czech Republic
- iv) Is the Company: (Please tick accordingly)
- | | |
|-----------------------------|---|
| a) Public? | <input type="checkbox"/> |
| b) Private? | <input checked="" type="checkbox"/> YES |
| c) Co-Op/Mutual? | <input type="checkbox"/> |
| d) Non-Profit Organisation? | <input type="checkbox"/> |
- Are the shares in the Company or in any subsidiary:
- e) Listed on any European Union Stock Exchange? NO/~~YES~~
Please specify _____
- f) Listed on any other Stock Exchange? NO/~~YES~~
Please specify _____
- g) Listed on any other form of Securities Market? NO/~~YES~~
- h) Traded in any other way? NO/~~YES~~
Please specify _____
- iv) Does the Company or any of its subsidiaries have publicly traded debt securities?
~~NO/YES~~
Please specify _____
-
2. i) Business activities of Company and its subsidiaries.
- credit insurance corporation insuring credit connected with exports of goods and services from the Czech Republic against political and commercial risks uninsurable by commercial insurance**



ii) Date since Company has continuously carried on business:

1. 9.1992

iii) During the past five years has:

a) The name of the Company been changed?
(If "yes", please give details)

NO/YES

b) The Capital Structure of the Company changed?
(If "yes", please give details)

NO/YES

3. Please give details of any change to the list of main board Directors given in the Company's last annual report and accounts.

NAME	DATE OF APPOINTMENT / DEPARTURE



4. i) If the Company is a subsidiary of another Company, please state name of the ultimate holding Company. **NO/YES**

ii) Approximately how many shareholders does the Company have?
(Classified where appropriate)

Ordinary	Czech Republic, 100% share
Preference	_____
Others	_____

iii) What is the total number of shares issued?

4 075

v) What is the total number of shares held by Directors and Officers?
(both direct and beneficial)

v) Are there any Shareholders owning directly or beneficially 10% or more of the Shares? (If "yes", detail the Shareholders and the percentage owned)

NO/YES

vi) Has the Company revealed publicly that it has under consideration any acquisitions, tender offers or mergers? (if "yes", please give details) **NO/YES**

vii) Is the Company aware of any proposal relating to its acquisition by or merger with any other Company (if "yes" please give details)

NO/YES



- viii) Has the Company or any of its subsidiaries revealed publicly that it is intending either a new public offering of shares or other securities, or a change in the listing status of its existing shares or other securities, within the next 12 months?
(if 'yes' please give details) **NO/YES**

- ix) Please state any changes made to the list of subsidiaries detailed in the Company's latest available consolidated accounts as a result of any acquisition or disposals made since the last balance sheet date.

Name	% Equity Share Capital Held	Disposed or Acquired	Date Disposed or Acquired
-----	-----	-----	-----

5. (i) Have all revenue recognition practices of the Company been approved by your existing external auditor, without qualification? **NO/YES**
If "no," please provide specific details.

- (ii) Have the Company's external auditors recommended changes to the revenue recognition or other significant accounting practices in the past 12 months? **NO/YES**

- (iii) Has the Company changed or considered changes to the revenue recognition or other significant accounting practices in the past 12 months? **NO/YES**

- (iv) Is the Company considering changes to the revenue recognition or other significant accounting practices? **NO/YES**

If "yes," to (ii), (iii) or (iv) please provide specific details.



6. Does the Company have any interests in any partnerships or Special Purpose Vehicles or Partnership or Entity set up for a similar purpose? **NO/~~YES~~**
If "yes," please provide details.

7. Has the Company ever restated its financial results? **NO/~~YES~~**
If "yes," please provide details.

8. Does the Company have specific written corporate policies with respect to directors', officers' and employees' ability to purchase or sell the Company's stock, including the ability to exercise stock options? **NO/~~YES~~**



USA and Canada Details

9. i) If any Subsidiary in the USA and/or Canada is not wholly owned, please provide the following details:

Name of Subsidiary	% Held by the Company	Full Details of all Minority Shareholders
-----	-----	-----

- ii) Please give as accurate as possible figures for total Gross Assets of the Group in North America. (Fixed Assets plus Current Assets):

- a) At today's date
b) 12 months ago

- iii) Does the Company or any of its Subsidiaries have any securities issued in the USA?
NO/YES

- iv) Does the Company or any of its subsidiaries have any debt or equity instruments or commercial paper in North America? (If "yes", what was the most recent effective date?)
NO/YES



- v) If any stocks or shares are traded in the form of ADR's: ... **NO/YES**
- a) Are they sponsored or unsponsored? _____
 - b) What is the percentage as a total of issued share capital? _____
 - c) What is the number of ADR shareholders? _____
- vi) Does the Company have an internal Audit Committee pursuant to U.S. statutes, rules or regulations? **NO/YES**
If "no," why?



Claims and Insurance Details

10. i) Has the Company ever been refused this type of Insurance or had a similar Insurance cancelled? **NO/YES**
(If "yes", please give details)

- ii) If Directors and Officers Liability Insurance has been carried by the Company during the past three years, please state details:

11. i) Has any loss payment been made under any prior or current Directors and Officers Liability policy or similar insurance? (If "yes", please give details) **NO/YES**

- ii) Have any claims ever been made against any past or present Director or Officer of the Company or its subsidiaries other than those already detailed. **NO/YES**
(If "yes", please give details).

12. Is the Proposer aware, after enquiry, of any circumstance or incident which may give rise to a claim under the proposed policy? **NO/YES** (If "yes", please give details).

XX

13. XXX

XX

14. Please provide details on the following:

- i) Who are the Company's auditors: **KPMG Česká republika Audit, s.r.o.**
 - ii) How long have they been employed by the Company: **from 2016**
 - iii) Is the Company considering changing their auditors within the next 12 months?
If "yes" please explain reasons why: **NO/YES**
-
-

15. Please indicate the limit of indemnity required.

XXXXXXXXXXXX CZK

DECLARATION

I DECLARE that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been misstated or suppressed after reasonable enquiry. I undertake to inform insurers of any material alteration to those facts occurring before inception of the insurance.

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

(This form must be signed by the Chairman, Chief Executive or Managing Director)

Signed

Jan Procházka
předseda představenstva

Company Exportní garanční a pojišťovací společnost, a.s.

Date

This proposal form should be signed no earlier than 30 days prior to Policy Inception.

It is important that the officer signing the Declaration above is fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker since non-disclosure may affect an Assured's right of recovery under the policy or lead to avoidance.



SCHEDULE OF OUTSIDE DIRECTORSHIPS

Please provide a schedule of outside directorships taken up by directors or employees of the Company (or any of its subsidiaries) at its specific request or direction.

Appointments to charities, trade associations or not-for-profit organisations may well be automatically included under the applicable policy, but cover for other appointments may need to be specifically listed for policy coverage to apply.

Company	Country of incorporation	Business activities

If there are appointments that have ceased, but where cover is still required, please list these below.

Company	Country of incorporation	Business activities	Appointment Period



APPENDIX TO PROPOSAL FORM

In accordance with International taxation and Premium Income reporting obligations, Insurers are required to present an allocation of Premium between territories where Insured operations are domiciled multi-nationally. With specific regard to Financial Institutions and Professional Risks classes of business, Insurers are willing to accept such Premium allocations based on turnover in each territory. We would therefore ask you to provide a turnover allocation split by each territory in which you have an Insured operation.

When completing the below, the figures used are Actual and the time period used is Annual Turnover (2016) ... all figures are stated in USD 000's:

Rest of World	
Country	Turnover
Albania	
American Samoa	
Angola	
Anguilla	
Antigua	
Argentina	
Ascension Islands	
Australia (ACT)	
Australia (NSW)	
Australia (NT)	
Australia (QUE)	
Australia (SA)	
Australia (TAS)	
Australia (VIC)	
Australia (WA)	
Austria	
Bahamas	
Bangladesh	
Belarus	
Belgium	
Belize	
Bermuda	
Bolivia	
Bosnia	
Botswana	
Brazil	
British Virgin Islands	
Brunei	

Rest of World	
Country	Turnover
Bulgaria	
Burkina Faso	
Cameroon	
Canada (Alberta)	
Canada (British Columbia)	
Canada (Manitoba)	
Canada (New Brunswick)	
Canada (Newfoundland)	
Canada (Nova Scotia)	
Canada (Nunavut)	
Canada (NW Territories)	
Canada (Ontario)	
Canada (Prince Edward)	
Canada (Quebec)	
Canada (Saskatchewan)	
Canada (Yukon)	
Cape Verde	
Cayman Islands	
Chile	
China	
Colombia	
Costa Rica	
Croatia	
Cuba	
Cyprus	
Czech Republic	
Denmark	
Diego Garcia	

Rest of World	
Country	Turnover
Djibouti	
Dominica	
Dominican Republic	
Ecuador	
Egypt	
El Salvador	
Estonia	
Ethiopia Clust	
Falkland Islands	
Finland	
France	
French Antilles/Guiana	
Gabon	
Gambia	
Germany	
Ghana	
Gibraltar	
Greece	
Grenada	
Guam	
Guatemala	
Guinea	
Guyana	
Honduras	
Hong Kong	
Hungary	
Iceland	
India	
Indonesia	
Iran	
Ireland	
Israel	
Italy	
Ivory Coast	
Jamaica	
Japan	
Jordan	

Rest of World	
Country	Turnover
Kazakhstan	
Korea (Republic)	
Kosovo	
Latvia	
Lebanon	
Lesotho	
Libya	
Liechtenstein	
Lithuania	
Luxembourg	
Macau	
Madagascar	
Malaysia	
Maldives	
Mali	
Malta	
Martinique	
Mauritius	
Mexico	
Monaco	
Montserrat	
Morocco	
Mozambique	
Namibia	
Netherlands	
Netherlands Antilles	
New Zealand	
Nicaragua	
Nigeria	
Norway	
Oman	
Pacific Islands	
Pakistan	
Panama	
Papua New Guinea	
Peru	



Rest of World	
Country	Turnover
Philippines	
Poland	
Portugal	
Puerto Rico	
Qatar	
Romania	
Russia	
Saudi Arabia	
Senegal	
Serbia/Montenegro	
Seychelles	
Singapore	
Slovak Republic	
Slovenia	
South Africa	
South Korea	
Spain	
Sri Lanka	
St Helena	
St Kitts & Nevis	
St Lucia	
St Vincent	
Sudan	
Suriname	
Swaziland	
Sweden	
Switzerland	
Syria	
Taiwan	
Tanzania	
Thailand	
Togo	
Trinidad & Tobago	
Tunisia	
Turkey	
Turks & Caicos	

Rest of World	
Country	Turnover
UK (Elsewhere)	
UK (Gue)	
UK (IoM)	
UK (Jer)	
Ukraine	
United Arab Emirates	
Uruguay	
US Virgin Islands	
USA (Illinois)	
USA (Kentucky)	
USA (Others)	
Venezuela	
Vietnam	
Zambia	
Zimbabwe	
Others (please list countries):	



Additional Information required:

1. Branch office(s) address is required for any branches domiciled in Australia, Canada, France, Italy, USA (Kentucky only) and Switzerland.
2. The Italian Fiscal Code is also required for any Italian branches.

An allocation of taxes payable to Insurers as a result of this allocation will be provided at the time of binding and settlement thereof will be in addition to quoted Premium. Any subsequent change in the basis of allocation may result in a change to the amounts of tax payable.

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