





**Coverage option (Please indicate the option you are asking for)**

Number of Mandates	Insurance limit, per loss and per insurance period		
	250.000	500.000	750.000
	<b>Annual premium, including taxes</b>		
1 - 5	884	1.446	1.820
6 - 10	1.446	2.558	3.245
11 - 15	2.064	3.734	4.763
16 - 20	2.678	4.898	6.323

I ask coverage for ..... Number of mandates and ..... Insurance limit per loss and per period. Premium.....(ILA certified Director : -10%)

I ask a tailored made offer for a limit .....

**Claims information**

Have any claims been made against you as a directors or conducting officer in the past 5 years; or, as a directors or conducting officer, are you aware, after inquiry, of any incident, facts or circumstances which are likely to lead to a claim under a directors and officers liability policy? If "Yes" please provide details (in appendix)  Yes  No

**Declaration**

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this proposal are true and no material facts have been misstated or suppressed. I agree that this proposal form, any attachment or any information submitted therewith and any and all other information supplied or requested, shall form the basis of the assessment of the risk and any insurance contract effected thereon. I further undertake to inform the Insurer of any other material facts and information or any material alteration to any information, statements, representations or facts presented in this proposal form occurring after the date this proposal form is signed. A material fact is one that would influence the acceptance or assessment of the risk. All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Function .....

First and Last Name.....

Date .....

Signature .....

**COULD YOU PLEASE FILL-IN & SIGN THIS DOCUMENT AND FORWARD IT TO [wtw-lu.gslux@willistowerswatson.com](mailto:wtw-lu.gslux@willistowerswatson.com)**

An insurance proposal form does not bind the Proposer nor the Insurer to conclude an insurance contract. The insurer needs to notify the proposer within 30 days of the receipt of the proposal form of (i) an insurance offer, (ii) the refusal of insurance or (iii) the fact that the insurance is subject to further inquiries, under penalty of damages. Signature of the Proposal form does not provide any coverage to the Proposer.

This proposal form cannot be relied upon, in any circumstances, to claim insurance coverage or any other rights. It cannot be considered as an advice or an offer to contract or a commitment to offer a contract. Only the insurance policy's terms and conditions provide an accurate, binding, description of the cover.

AIG Europe S.A. is an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35 D Avenue John F. Kennedy, L-1855, Luxembourg.

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