

## MOTOR PRIVATE PROPOSAL FORM

1. Please answer all questions fully; if necessary, use a separate page. If a question is not applicable, please write "N/A."  
2. You must disclose fully and faithfully, all the facts that you know or ought to know.

### GENERAL INFORMATION

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1 Name of Company

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2 Address

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3 Country of Registration

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4 When was the Company established?

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5 How long has the Company continuously carried on its current business activities?

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6. Please describe the current business activities of the Company and its subsidiaries.

### DETAILS OF OWNERSHIP

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7 Is the Company

public (securities are publicly traded)?

private (securities are privately held)?

other (non-profit, government-owned, etc.)

If checked, please give details

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8 Is the Company or any of its subsidiaries listed on any Stock Exchange or any other organized security market?

YES  NO

If "Yes", please specify:

a) Name of security market

b) Country of listing

c) Date of listing

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- 9 Stock ownership
- a) Total number of shares issued
  - b) Total number of shareholders
  - c) Total number and type of shares held directly or beneficially by Directors and Officers
  - d) Please identify each individual or entity holding 10% or more of any class of the Company's stock or of the stock of any subsidiary.  
Please indicate the exact percentage of such stock holding.

## NORTH AMERICAN COVER

The following questions are to be completed only if the Company has any subsidiaries or any operations in the United States of America or Canada or in their territories or possessions.

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- 10 Please give the total gross assets of the Company in North America.
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- 11 Please list the subsidiaries located in North America, indicate the percentage owned by the Company and describe the activities of the subsidiaries.
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- 12 Does the Company or any of its subsidiaries have any stock, shares, debentures or other securities in North America? YES  NO
- If "Yes":
- a) Please indicate the exact nature of the security.
  - b) When was the last offer/issue made? Please indicate if it was an initial public offering.
  - c) Was the offer subject to The United States Securities Act of 1933 and/or The Securities Exchange Act of 1934 and/or any amendments thereto? YES  NO
  - d) If any securities are traded in the form of ADRs, please indicate the level (I, II, III) of the ADRs.
  - e) If any securities are traded in the form of ADRs, please indicate the percentage traded as a total of issued share capital.
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- 13 Has a 20-F filing been made to the United States regulatory authorities? YES  NO
- If "No", please explain  
If "Yes", please provide it
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- 14 Does the Company or any of its subsidiaries have any debt instruments or commercial paper in North America? YES  NO
- If "Yes", please give details
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- 15 Does the Company or any of its subsidiaries contemplate acquiring or creating any subsidiaries in the next 18 months in North America?

## PREVIOUS EXPERIENCE

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- 26 Has the Company, its subsidiaries or any of its Directors or Officers
- a) ever been named in any civil or criminal action or any governmental or administrative proceeding involving a violation of any security law or regulation? YES  NO   
If "Yes", please give details
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- b) ever been involved in any representative actions, class actions or derivative suits? YES  NO   
If "Yes", please give details
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- c) ever been involved in any antitrust, price-fixing, tax, copyright or patent litigation? YES  NO   
If "Yes", please give details
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- 27 Has the Company or any of its subsidiaries been in breach of any of its debts, covenants or loan agreements at any time within the last five years? YES  NO   
If "Yes", please give details
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- 28 Has any claim ever been made or alleged against anyone for whom this insurance is intended (whether in relation to their activities in the Company, its subsidiaries or any other company in which they hold or have held a position) which might fall within the scope of cover provided by this or any similar insurance? YES  NO   
If "Yes", please give details
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- 29 Has anyone for whom this insurance is intended ever given notice under any similar insurance of any fact(s), circumstance(s) or situation(s) which might give rise to a claim? YES  NO   
If "Yes", please give details
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- 30 Has any official inquiry been undertaken by any regulatory, governmental, administrative, professional or other authorized body into the activities of the Company, its subsidiaries or their Directors or Officers? YES  NO   
If "Yes", please give details
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- 31 Has any Director or Officer, after inquiry, knowledge or information of any fact(s), circumstance(s) or situation(s) which might give rise to a claim? YES  NO   
If "Yes", please give details

## CHANGES IN THE COMPANY

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- 16 Have there been any changes in the Board of Directors or Officers of the Company or any of its subsidiaries within the last three years for reasons other than death or retirement at the normal retirement age? YES  NO   
If "Yes", please give details
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- 17 Has the Company changed its outside legal counsel or its outside auditors within the last three years? YES  NO   
If "Yes", please give details
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- 18 Has the Company or any of its subsidiaries merged with or acquired any other company within the last three years or is the Company presently considering any mergers or acquisitions within the next year? YES  NO   
If "Yes", please give details
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- 19 Has the Company or any of its subsidiaries filed within the last two years or do they contemplate filing within the next year any registration statement for an offering of securities? YES  NO
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- 20 Please list all the subsidiaries for which coverage is required including country of registration, type of activity and the percentage owned by the Parent Company.
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- 21 Has the Company or any of its subsidiaries been acquired or has there been any attempted threat? YES  NO   
If "Yes", please explain
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- 22 Has the capital structure of the Company or its subsidiaries been changed in the last three years or is a change being contemplated? YES  NO   
If "Yes", please explain

## PREVIOUS INSURANCE

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- 23 Has the Company or any of its subsidiaries held or do they now hold any Directors and Officers Liability Insurance or similar YES  NO   
If "Yes", please provide the following insurance details  
Name of insurer  
Limit of indemnity  
Expiration date of policy  
What is the date of the first Directors and Officers Liability Insurance policy?
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- 24 Has the coverage for Directors and Officers liability ever been interrupted between the date of first insurance and the present application? YES  NO   
If "Yes", please give details
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- 25 Has any similar insurance on behalf of the Company or its Directors or Officers ever been declined, canceled or renewal thereof refused YES  NO   
If "Yes", please give details

## ADDITIONAL INFORMATION

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Please enclose the following information:

YES  NO

The last two annual reports and accounts for the Company The last interim statement (if applicable)  
Any document for the offering of securities in the last 24 months

## DECLARATION

I/we declare that, after inquiry, the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/we agree that this questionnaire, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected, and I/we understand and agree that such information is deemed to be material to the acceptance of the risk assumed by the Insurer. I/we undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

Date

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For and on behalf of  
(insert name of Company)

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Signature of President or  
Chairman of the Board

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Regulated by the Insurance Regulatory Authority

