

APPENDIX 1 – OUTSIDE COMPANIES

Name & Type of Outside Company <small>(e.g. private, trust, not for profit, public listed, public unlisted, etc)</small>		Country of Corporation	Name of Person (s) involved	Activity	Does the Outside Company carry its own D&O insurance?	If Yes: a) Who is the Insurer? b) What is the limit of indemnity? c) What is the current policy number?
1.	Name:				<input type="checkbox"/> Yes <input type="checkbox"/> No	a)
	Type:					b)
						c)
2.	Name:				<input type="checkbox"/> Yes <input type="checkbox"/> No	a)
	Type:					b)
						c)
3.	Name:				<input type="checkbox"/> Yes <input type="checkbox"/> No	a)
	Type:					b)
						c)

Note: AN INSOLVENCY EXCLUSION WILL APPLY TO ALL OUTSIDE COMPANIES PENDING PROVISION OF SATISFACTORY REPORTS & ACCOUNTS