

# Questionnaire for direct contract conclusion

## Directors' and Officers' Liability Insurance (D&O)

The questions are to be answered truthfully and in full. In the event of the concealment or misrepresentation of any facts that are material to the risk assessment (non-disclosure), Zurich Insurance Company Ltd (Zurich) shall be entitled to terminate the contract. In addition, Zurich's obligations to indemnify or defend claims already noticed become invalid insofar as the occurrence or scope of the claims is affected by the facts material to the risk assessment that were not or improperly disclosed (art. 6 ICA [Swiss Federal Law on Insurance Contracts])

For the purpose of this questionnaire, the term "policyholder" refers to the entirety of all companies to be insured, including all subsidiaries. If the answers only apply to certain parts of the insured group of companies, please indicate accordingly.

If the space provided for answering certain questions is not sufficient, please use a separate sheet of paper.

This questionnaire must be signed by two members of the management or the board of directors.

| This questionnaire is valid until July 31st, 2025.  Broker:  Agent (PB/Agent No.): |   | Contact person:   |  |  |
|--|---|---|--|--|
|  |   | -   |  |  |
| 1.   | Policyholder information  |   |  |  |
| 1.1  | Name and legal form   |   |  |  |
| 1.2  | Address   |   |  |  |
|  |   |   |  |  |
| 1.3  | Description of business activity  |   |  |  |
|  | The policyholder operates within one of the following sectors:  ☐ Municipality;  ☐ Foundation, cooperative, or association;  ☐ Trustees, auditors, lawyers, interim managers, or other profess  → Additional terms and conditions apply to policyholders operative. | sions regularly performing executive functions in third-party companies.<br>ting in the above-mentioned industries. |  |  |
| 1.4  | Consolidated annual turnover in CHF   |   |  |  |
| 1.5  | Consolidated total assets in CHF  |   |  |  |

| 2.   | Risk Questions  |                                     |      |
|------|---|-------------------------------------|------|
|      | If one or more questions are answered with "Yes", please provide additional information under Section 2.10 and submit th (consolidated) financial statements of all companies to be insured. Policyholders with less than two completed fiscal years include a current business plan.   |                                     | lso  |
| 2.1  | In the last fiscal year, did the consolidated turnover $\underline{or}$ the consolidated total assets of the policyholder exceed CHF 250'000'000?   | No                                  |      |
| 2.2  | Has the policyholder completed less than two full financial years (e.g. start-ups)?   | □ Yes                               | □ No |
| 2.3  | Does the policyholder's latest audit report contain any reservations or qualified opinions?   | □ Yes                               | □ No |
| 2.4  | Is the policyholder listed on any stock exchange or is a listing planned within the next 12 months?   | ☐ Yes                               | □No  |
| 2.5  | Does the policyholder have one or more subsidiaries outside Switzerland and Lichtenstein that contribute more than 10% to the policyholder's consolidated turnover?   | □ Yes                               | □ No |
| 2.6  | <ul> <li>Does the policyholder operate in one of the following industries:</li> <li>Provision of financial services and insurance (including any connection with digital currencies), reinsurance, and pension as activities related to financial and insurance services, FinTechs, InsurTechs;</li> <li>Arms and weapons industry;</li> <li>Aviation and aerospace, including aircraft rental;</li> <li>Public administration (except municipalities);</li> <li>Tobacco industry;</li> <li>Adult entertainment industry;</li> <li>Churches and religious associations;</li> <li>Professional sports clubs and associations;</li> <li>Biotech and/or life science related to pharmaceutical products;</li> <li>Production and/or trade of cannabis products.</li> </ul> | ☐ <b>Yes</b><br>n funds, a          |      |
| 2.7  | <ul> <li>Questions regarding the financial situation, in terms of consolidated financial reporting:</li> <li>Is the equity ratio (measured against the total balance sheet) currently less than 20%?</li> <li>Is the current ratio (current assets in relation to short-term liabilities) currently less than 120%?</li> <li>Was a negative operating result reported in the last fiscal year (not applicable for non-profit foundations and associations)?</li> <li>Is the policyholder or any subsidiary currently involved in any liquidation or bankruptcy proceeding or debt moratorium?</li> <li>Does the policyholder finance itself through coin or other token offerings?</li> </ul>   | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes | □ No |
| 2.8  | Is the policyholder, any subsidiary, or any of the insured persons aware of any circumstances, facts, situations, events, omissions, errors, or claims that could give rise to a loss covered by the requested or a similar insurance policy?   | □ Yes                               | □ No |
| 2.9  | Have any claims occurred that would fall under the requested or a similar insurance policy to date?   | □ Yes                               | □ No |
| 2.10 | Explanations / Comments   |                                     |      |
|      |   |                                     |      |

#### Insurance Coverage (Limit of liability and Insurance Premium)

|           |                | Revenue & total assets less than: |             |             |              |              |              |
|-----------|----------------|-----------------------------------|-------------|-------------|--------------|--------------|--------------|
|           |                | CHF 10m                           | CHF 25m     | CHF 50m     | CHF 100m     | CHF 150m     | CHF 250m     |
|           | CHF 500'000    | ☐ CHF 704                         | ☐ CHF 758   | ☐ CHF 847   | ☐ CHF 1'016  | ☐ CHF 1'126  | ☐ CHF 1'344  |
| >         | CHF 1'000'000  | ☐ CHF 985                         | ☐ CHF 1'067 | ☐ CHF 1'186 | ☐ CHF 1'423  | ☐ CHF 1'576  | ☐ CHF 1'882  |
| liability | CHF 2'000'000  | ☐ CHF 1'478                       | ☐ CHF 1'591 | ☐ CHF 1'780 | ☐ CHF 2'134  | ☐ CHF 2'364  | ☐ CHF 2'823  |
| ₽         | CHF 3'000'000  | ☐ CHF 2'152                       | ☐ CHF 2'316 | ☐ CHF 2'590 | ☐ CHF 3'107  | ☐ CHF 3'441  | ☐ CHF 4'110  |
| Limit     | CHF 5'000'000  | ☐ CHF 2'706                       | ☐ CHF 2'913 | ☐ CHF 3'258 | ☐ CHF 3'907  | ☐ CHF 4'328  | ☐ CHF 5'169  |
|           | CHF 10'000'000 | ☐ CHF 5'067                       | ☐ CHF 5'455 | ☐ CHF 6'101 | ☐ CHF 7'317  | ☐ CHF 8'104  | ☐ CHF 9'679  |
|           | CHF 15'000'000 | ☐ CHF 7'519                       | ☐ CHF 8'095 | ☐ CHF 9'053 | ☐ CHF 10'858 | ☐ CHF 12'026 | ☐ CHF 14'363 |

All premiums are net of 5% Swiss federal stamp duty.

| 3.1 | Do you wish to have insurance coverage for the company in respect to securities claims? |
|-----|---|
|     | The additional premium is 10%   |

#### ☐ Yes ☐ No

#### 4. Conclusion of contract

This questionnaire serves as an offer, and the insurance contract is considered concluded if the following conditions are met cumulatively:

- · All questions in section 1 have been fully answered,
- · All questions in section 2 have been answered with «No»,
- A coverage and premium option corresponding to the revenue and total assets, have been selected in section 3,
- The signed questionnaire is received by Zurich within one month from the date of both signatures.

If one or more questions in section 2 of this questionnaire are answered with "Yes," this questionnaire is considered as an application by the policyholder. In this case, Zurich reserves the right to request additional information, adjust the premiums and coverage stated in this questionnaire or in the General Insurance Conditions, or reject the application entirely.

The General Insurance Conditions (→ GTC Z CH D & O Commercial 06.2018 EN version 01.12.2021) are deemed an integral part of this contract or application. By signing, the undersigned confirms to have read and understood the GIC Z CH D & O Commercial 06.2018 EN version 01.12.2021 or any additional terms and conditions as per section 1.3.

#### 5. Final statement

The policyholder declares that he has answered the questions contained in this document to the best of his knowledge and belief. He further confirms the correctness of the disclosed facts (risk factors). He undertakes to notify Zurich of any changes that occur before the insurance coverage begins. He confirms receipt of the statutory information (art. 3 ICA) and the applicable contractual terms.

The policyholder acknowledges that Zurich processes data relating to natural persons (personal data) in connection with the conclusion and execution of the contract and for other purposes. More information on this processing can be found in the privacy policy of Zurich. This privacy policy can be accessed at www.zurich.ch/data-protection or obtained by contacting Zurich Insurance Company Ltd, Dataprotection, PO box, 8085 Zurich, datenschutz@zurich.ch.

Zurich reserves the right to disclose personal data - including health data if applicable - to third parties in this context and in the other cases mentioned in the privacy policy.

The policyholder by submitting this declaration, expressly agrees that pre-insurers, co-insurers and reinsurers, other insurers and other offices within Zurich, official bodies and other third parties provide Zurich with relevant information in connection with risk, benefit and claims checks, for combating abuse and for the performance of the insurance contract relationship, in particular about the claims history and about previous or parallel insurance policies and benefits. This is necessary for the preparation or execution of the insurance contract relationship. The policyholder in this case releases these bodies from any obligation of confidentiality.

The policyholder undertakes to inform third parties whose personal data he provides to Zurich about the processing of their personal data by Zurich.

### Signatures

| olginata es       |                   |  |  |
|-------------------|-------------------|--|--|
| Policyholder      |                   |  |  |
| Place and date    |                   |  |  |
| Name and position | Name and position |  |  |
| Signature         | Signature         |  |  |



