



INSURANCE PROPOSAL FORM
DIRECTORS & OFFICERS LIABILITY /
COMPANY REIMBURSEMENT & PROSPECTUS LIABILITY

Completing the Proposal Form
Please answer all questions in full leaving no blank spaces.
If you have insufficient space to complete any of your answer please attach a separate signed and dated sheet and identify the question number concerned

- 1. Principal Organization
2. Principal Address
3. Nature of Activities
4. When and where was the Principal Organization Incorporated ?
5. How long has the Principal Organization continuously carried on business ?
6. Names and dates under which the business was formerly carried on.
7. Is the Principal Organization :
(a) Private Company Yes / No Public Company Yes/ No
Other (please specify)
(b) Listed on the Jakarta Stock Exchange or Surabaya Stock Exchange? Yes / No
(c) Listed on Foreign stock exchanges ? Yes / No



If yes, please give details

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(d) Are any of the Principal Organization's subsidiaries listed on any stock exchanges ? Yes / No  
If yes, please give details

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8. (a) Has the Principal Organization publicly revealed that it has under consideration at the present time any acquisitions, tender, offers or mergers ? Yes / No

(b) Are there at the present time any proposals of which the Principal Organization is aware relating to its acquisition by any other Company ? Yes / No

(c) Does the Principal Organization or any of its subsidiaries intend/has publicly announced its intention to make any new public offering of securities within the next year ? If yes, please give details Yes / No

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9. Name and percentage of holdings of any shareholders owing 5% or more of the ordinary shares of the Principal Organization (directly or beneficiary).

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10. Please give details of any change to the list of directors and officers given in the Principal Organization's last annual report and accounts.

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11. Has the Principal Organization ever been refused this type of cover or had a similar policy cancelled ? Yes / No

If yes, please give details

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*Questions 12, 13 and 14 are to be completed only if the Principal Organization or its subsidiaries conduct any business in North America or have any shares traded on a listed stock exchange in the United States of America.*

12. Please give the total gross assets in North America of the Principal Organization and its subsidiaries.

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13. Has the Principal Organization or any of its subsidiaries issued or listed any Yes / No



Stock, shares or debentures in North America ? If yes, on what date was the last offer made ?  
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14. Does the Principal Organization or any of its subsidiaries issue American Depository Receipts in the United States of America ? If yes, a separate proposal form will need to be completed. Yes / No

15. If directors and officers liability and company reimbursement insurance has been carried during the past three years please state :

- (a) Insurer .....
- (b) Expiry Date of Policy .....
- (c) Indemnity limit .....
- (d) Deductible Amount .....

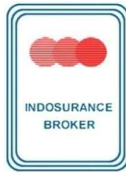
16. Does the Principal Organization require cover for outside Directorship ? Yes / No  
If yes, please provide the following information.

- (a) Name of Outside Entity .....
- (b) Nature of activities of the Outside Entity .....
- (c) % ownership by Principal Organization .....
- (d) Date and Country of incorporation .....
- (e) Type of entity (e.g. Public, Private, Trustee etc.) .....
- (f) Name and the percentage ownership of each entity which holds 20% or more of the share capital of the Outside Entity .....
- (g) Name of directors/officers of Principal Organization sitting on the Outside Entity, and position in the Outside .....
- (g) Does the Outside Entity currently carry directors and officers liability insurance ?  
If yes, then :
  - i. who is the Insurer ? .....
  - ii. what is the limit of indemnity ? .....
  - iii. What is the deductible ? .....

Further information may also be required.

*(An Outside Directorship position is a position held as a director, officer, trustee, governor, councilor, secretary or equivalent position of a company or other entity which is not a Subsidiary company of the Principal Organization named above, which position is held with the KNOWLEDGE and CONSENT or at the SPECIFIC REQUEST of the Principal Organization).*

17. Has there been or is there now pending against :  
(a) any director or officer of the Principal Organization; or  
(b) an Outside Director requesting cover on an Outside Entity  
a claim against them in their capacity as such Yes / No  
If yes, please give details  
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18. Is any person proposed for coverage cognizant of any facts or circumstances :
- (a) which he or she has reason to suppose might afford valid grounds for any future Claim(s) such as would fall within the scope of the proposed coverage, or
  - (b) which indicate the probability of any such Claim(s) Yes / No
- If yes, please give details

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It is agreed that if such facts or circumstances exist, any Claim or action arising therefrom is excluded from this proposed coverage.

Please note :

- This question also applies to Outside Directorship positions.
- This question need not be answered if this proposal forms a part of a renewal of a current Chubb/Federal Insurance Company directors and officers liability insurance policy.

19. Amount of indemnity required .....

20. Documents required by Insurer (*please enclose with this proposal form*)

- (a) the last two audited Annual Reports;
- (b) the last two Interim Statements (is applicable);
- (c) copy of the provisions relating to the indemnification of directors and officers in the Principal Organization's Memorandum and Articles of Association.



**DECLARATION**

The Undersigned authorized officer of the Principal Organization declares that to the best knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the Principal Organization, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the Principal Organization, acknowledge that the Statutory Notice contained herein has been read and understood.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

*Chairman of the Board or Managing Director Only*

***IMPORTANT***

*You are to disclose in this proposal form, fully and faithfully all facts you know or ought to know, otherwise the Policy hereunder may be void.*