

**OSEBNA ZAVAROVALNA ZAŠČITA
ČLANA ORGANOV VODENJA ALI NADZORA
Vprašalnik**

***DIRECTORS PERSONAL PROTECTION
INSURANCE POLICY
Proposal Form***

v sodelovanju z
in cooperation with



Liberty
International
Underwriters™
Member of Liberty Mutual Group



**ZDRUŽENJE NADZORNIKOV
SLOVENIJE**

VPRAŠALNIK PROPOSAL FORM

POMEMBNO UVODNO POJASNILO

IMPORTANT NOTES

Prosimo, da v celoti odgovorite na vsa vprašanja. Če pri katerem vprašanju za odgovor zmanjka prostora, nadaljujte pisanje na papirju, ki ga podpisanega priložite k vprašalniku, pri čemer označite, na katero vprašanje iz tega vprašalnika se odgovor nanaša.

Priporočamo, da obdržite fotokopijo tega vprašalnika.

Please answer all the questions contained herein fully. If there is insufficient space to answer any questions, please continue your answer on your headed paper, with appropriate captioning identifying to which question(s) they refer.

It is recommended that you retain a copy of this Proposal Form.

RAZKRITJE

DISCLOSURE NOTICE

Zavarovalnici ste dolžni ob sklenitvi zavarovalne pogodbe razkriti vse okoliščine, ki so pomembne za ocenitev nevarnosti in ki so omenjene v tem vprašalniku. Če gre za obnovitev zavarovalne pogodbe, je potrebno zavarovalnici razkriti vse spremembe okoliščin, ki so bile v predhodnih vprašalnikih že sporočene zavarovalnici.

Če ste v dvomu, ali je posamezna okoliščina (tudi če ni omenjena v tem vprašalniku) pomembna za oceno nevarnosti s strani zavarovalnice, jo navedite v vprašalniku ali v prilogi k vprašalniku.

It is your duty to disclose all material facts to Insurers. A material fact is one which may influence an underwriter's judgement in his consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to underwriters will be material and such changes should therefore be notified.

If you are in any doubt whether a fact is material, you should disclose it.

NEIZPOLNITEV RAZKRITJA

FAILURE TO DISCLOSE

Neizpolnitev razkritja lahko posega v pravice zavarovanca do zavarovalne zaščite ali omogoči zavarovalnici, da razveljavi zavarovalno pogodbo.

Z ustreznimi poizvedbami mora zavarovanec zagotoviti, da so nadaljnje izjave resnične in popolne ter da navedba odločilnih okoliščin ni bila opuščena. Pred začetkom veljavnosti katerekoli zavarovalne pogodbe mora biti zavarovalnica obveščena o vsaki spremembi odgovorov iz vprašalnika in vsaki bistveni spremembi okoliščin, zato je te spremembe treba nemudoma sporočiti zavarovalnici.

Failure to disclosure could prejudice the rights of the Insured to recover in the event of a claim or allow Insurers to void the policy.

Appropriate enquiries should be made to ensure that the statements set forth herein are true and complete and that no material fact has been omitted. Any change in the answers given and any material change in the risk arising before inception of any policy must be advised to underwriters and should therefore be notified immediately.

PODATKI O ZAVAROVANCU

INSURED DETAILS

1. Vprašanje Question

Ime *Name*: _____

Priimek *Surname*: _____

2. Vprašanje Question

Naslov *Address*: _____

Email naslov *E-mail address*: _____

3. Vprašanje Question

A) Ali ste član Združenja nadzornikov Slovenije? *Are you a member of Supervisory Board Members Association?*

Da Yes ___ Ne No ___

B) Ali ste imetnik veljavnega certifikata Združenja nadzornikov Slovenije ? / *Are you a Supervisory Board Members Association valid diploma holder?*

Da Yes ___ Ne No ___

4. Vprašanje Question

Navedite polno firmo, državo registracije in matično število družbe (družb) v kateri (katerih) ste član organov vodenja ali nadzora in za katero želite kritje. *Please list the full name, company(ies) country of incorporation and company registration number of company(ies) in which you hold a Directorship or Officer position for which you require cover:*

Firma družbe <i>Company Name</i>	Funkcija v družbi <i>Position in the Company</i>	Matična št.družbe / država registracije <i>Reg. Number/ Country of Incorporation</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

5. Vprašanje Question

a) Ali imajo vse družbe, navedene v vprašanju 4, pozitivno bilančno vrednost ?

Do all companies listed in Question 4 above have positive net worth?

Da Yes ___ Ne No ___

b) Ali imajo vse družbe, navedene v vprašanju 4, pozitivni čisti dobiček ?

Do all companies listed in Question 4 above have positive net income?

Da Yes ___ Ne No ___

c) Ali lahko potrdite, da nobena od družb, navedenih v vprašanju 4, ni v nobenem postopku zaradi insolventnosti ali prisilnem prenehanju?

Can you confirm none of the companies listed in Question 4 above is in any kind of administration, voluntary arrangement, receivership, winding up or other insolvency procedure?

Da Yes ___ Ne No ___

d) Ali lahko potrdite, da pri nobeni od družb, navedenih v vprašanju 4, ne gre za finančno organizacijo? Za finančno organizacijo štejejo zlasti banke, zavarovalnice, investicijske banke, upravljalci premoženja, borzni in zavarovalni posredniki, davčno svetovanje, borza...ter vse druge organizacije, katerih dejavnost je povezana s trgovanjem z vrednostnimi papirji ali denarjem.

Can you confirm none of the companies listed in Question 4 above is in any kind of entity being a Financial Institution? Financial Institutions are defined as follows: Banks, Boutique Firms, Clearing Houses, Insurance Companies, Investment banking, Financial advisors / promoters, Trust services, Funds, Fund managers, Private equity companies / Venture Capital companies (VCs), Stock brokers, Securities Exchanges, Tied / untied insurance agents, Taxation specialists. For the avoidance of doubt, Financial Institutions are all companies / organisations trading with equity securities or cash.

Da Yes ___ Ne No ___

6. Vprašanje Question

Ali je v preteklosti kakšna zavarovalnica odklonila sklenitev tovrstnega zavarovanja z vami oziroma vam ni želela obnoviti zavarovanja oziroma vam je odpovedala tovrstno zavarovalno pogodbo?

Have you ever had any insurer decline a proposal or cancel or refuse to renew this type of coverage or had a similar insurance coverage cancelled or non-renewed?

Da Yes ___ Ne No ___

7. Vprašanje Question

Ali se je kdaj že uveljavljal zoper vas zahtev v smislu tovrstnega zavarovanja?

Has any claim been made against you in respect of the risks now proposed?

Da Yes ___ Ne No ___

8. Vprašanje Question

Ali je bila v zadnjih 5 letih zoper katero izmed v vprašalniku navedenih družb (ali njihovih obvladovanih družbah ali zoper njihove člane organov vodenja ali nadzora, ki so bili pred vami v vaši funkciji) sprožena kakršna koli uradna preiskava ali podoben postopek s strani kakršnekoli osebe ali organa:

In the last 5 years, has any official investigation, examination, enquiry or similar proceeding in relation to the affairs of any company or any subsidiary or any director or officer by virtue of your position as director or officer, been conducted or intimated by any body:

(i) ki je zahtevala ali bi lahko zahtevala vašo udeležbo ?

that has required or may require your attendance?

Da Yes ___ Ne No ___

(ii) ki bi lahko naložila plačilo globe ali kazni?

that has the power to impose a fine or penalty?

Da Yes ___ Ne No ___



9. Vprašanje *Question*

Ali se zavedate kakršnihkoli okoliščin ali dogodkov, na podlagi katerih bi se zoper vas lahko uveljavljal zahtevek?

Are you aware, after enquiry, of any circumstances or incident which may give rise to a claim against you?

Da Yes ___ Ne No ___

Če je odgovor na vprašanja od točke 6. do 9. "da", navedite podrobnosti:

If the answer is "yes" to any of questions 6-9 above, please give details:

IZJAVA

DECLARATION

POMEMBNO:

PRISIMO, DA PRED PODPISOM IZJAVE PREBERETE POMEMBNE OPOMBE NA 2. STRANI TEGA VPRAŠALNIKA!

IMPORTANT:

BEFORE SIGNING THE DECLARATION BELOW PLEASE BE SURE TO READ THE IMPORTANT NOTES ON PAGE 2. OF THIS PROPOSAL FORM!

Podpisani kot zavarovanec izjavljam, da so vse moje navedbe v tem vprašalniku po moji najboljši vednosti in prepričanju resnične.

I the undersigned as Insured declare that to the best of my knowledge and belief the statements set forth herein are true.

Datum *Date*

Podpis *Signed*

Podpis zavarovanca *To be signed by the Insured*

Ta vprašalnik ne predstavlja ponudbe za sklenitev zavarovanja v smislu Obligacijskega zakonika (925. člen).

This "Proposal Form" does not represent an "Insurance Offer" in terms of Obligation Act (Article 925).

