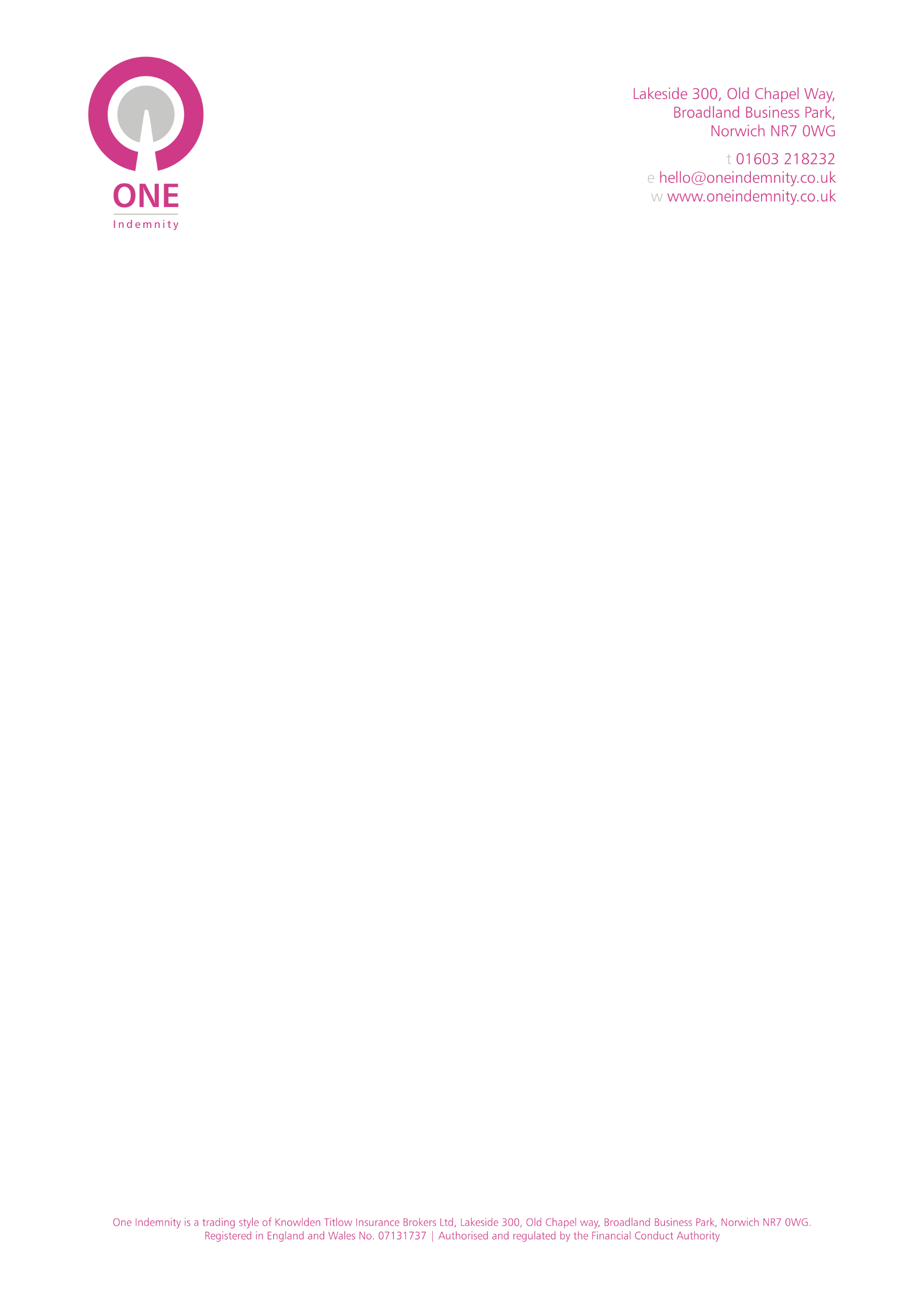
**Additional Director Declaration Form**

Policy Number:

Insured:

You confirm that the business maintains comprehensive business insurance cover

relating to the loss or damage to all physical assets in respect of which the personal

guarantee has been given? YES / NO

Have you ever been declared bankrupt? YES / NO

Have you ever been a Director of a business that has gone through an insolvency process?

Insolvency Processes can include but are not limited to: County Court Judgements (CCJ),

Creditors Voluntary Arrangements (CVA), Creditors Voluntary Liquidation (CVL) Winding Up

Petitions or Freezing Orders YES / NO

Have you ever been a Director of business that has been under investigation by Customs and

Excise or the Inland Revenue? YES / NO

Have you ever been a Director of a business become aware of any liability (whether actual,

Contingent or perceived) which cannot be met within 30 days of the date from the businesses

Available cash resources? YES / NO

In the last three months have you or the business become aware of any one or more debts owed

to the business that has become bad or doubtful and which is likely to have a materially adverse

effect on the business and its ability to its debts as they fall due? YES / NO

Has the business experienced a loss of investor, significant customer or significant supplier in

the last 6 months? YES / NO

Are you aware of any material information that may have an adverse effect on the business and its

ability to meet obligations over the next 6 months? YES / NO

Can you confirm the company is solvent at the time of this declaration? YES / NO

I confirm that the above statements and all other information are true to the best of my knowledge and belief. If such statements and particulars are entered by any other person, such person shall be deemed to have been my/our agent for the purpose of filling in the same. AGREE / DISAGREE

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_