

Business Partner Questionnaire

Clements Worldwide ("Clements") maintains systems and controls to enable it to comply with its worldwide regulatory and legal obligations. These obligations include having appropriate processes to counter the risk of becoming involved in financial crime or other illegal activities. Clements maintains a zero tolerance policy toward financial crime, bribery, and corruption in all its forms, whether directly or through third parties, and it only deals with parties committed to the same values. This form is designed to assist Clements in meeting its obligations and professional standards by obtaining pertinent details about your business so it can perform appropriate vetting and approval checks before entering into a contractual relationship.

Please complete the information below and submit to Global Broker Network at gbn@clements.com.

| SECTION 1: COMPANY INFORMATION | | | |
|---|---|----|-------------------------|
| Company Legal Name: | | | |
| Public Name (DBA), if any: | | | |
| Company Address: | | | |
| Mailing and Street Address: | | | |
| Phone: | | | |
| Website: | | | |
| Years in Business: | | | |
| Type of Organization (e.g., corporation, LLC): | | | |
| Is the company registered to do business: | Yes | No | If yes, where? |
| Registration Number and Location of Registration: | Please attach a copy of your company's registration document. | | |
| Has the company's registration ever been terminated voluntarily or involuntarily? | Yes | No | If yes, please explain: |
| Has the company or any officers or directors ever been declared insolvent? | Yes | No | If yes, please explain: |
| Number of employees: | | | |

| | | | |
|--|-------|----|--|
| Names and dates of birth of all officers and directors: | Name: | | DOB: |
| | Name: | | DOB: |
| | Name: | | DOB: |
| | Name: | | DOB: |
| | Name: | | DOB: |
| | Name: | | DOB: |
| Names and dates of birth of all owners: | Name: | | DOB: |
| | Name: | | DOB: |
| | Name: | | DOB: |
| Does the company maintain curriculum vitae/resumes for all officers and directors? | Yes | No | If yes, please attach. |
| Does the company own any subsidiaries? | Yes | No | If yes, provide the names, type of businesses, and geographical locations. |
| | | | Name: |
| | | | Type of business: |
| | | | Geographical Location: |
| | | | Name: |
| | | | Type of business: |
| Geographical Location: | | | |
| Does your company plan to use consultants or subcontractors for its business with Clements? | Yes | No | If yes, please explain: |
| Please indicate what services your company intends to provide, how it intends to provide them, and by whom these services will be provided: | | | |
| Please indicate to whom these services will be provided and in what countries they are located: | | | |
| Please indicate if you target clients in a particular industry: | | | |
| Please provide (a) copies of the company's annual financial statements for the last three years, and (b) any interim financial statements prepared since the end of the most recent fiscal year. | | | |

| CONTACT DETAILS | |
|------------------------|--|
| Contact Name: | |
| Title: | |
| Office Phone: | |
| Mobile Phone: | |
| Email Address: | |

| W-9 |
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| If you are a U.S.-based broker, please submit a completed W-9 with this application. |

| SECTION 2: LICENSE DETAILS | | |
|--|--|----|
| Regulatory body that oversees your company: | | |
| Do you currently hold all license/permits required to be in compliance with the governing regulatory body of your state, province, or country: | Yes | No |
| | License/Permit Number: | |
| | Date Awarded: | |
| | Expiration Date: | |
| | Please attach a copy of your company's license/permit. | |
| Are you currently in good standing: | Yes | No |
| Has your company ever voluntarily surrendered or involuntarily lost its license: | Yes | No |

| SECTION 3: PROFESSIONAL INSURANCE | | |
|---|---|----|
| Do you carry professional insurance: | Yes | No |
| Do you carry Errors & Omissions insurance: | Yes | No |
| | Name of carrier: | |
| | Limits carried: | |
| | Expiration Date: | |
| | Please attach a copy of your company's Errors & Omissions policy. | |
| Have you had an Errors & Omissions claim in the last three (3) years: | Yes | No |

| SECTION 4: COMPLIANCE | | |
|---|-----|----|
| Do any principals, owners, directors, officers or employees of the company or related company hold any official office or perform duties for any domestic or foreign government? | Yes | No |
| Are any principals, owners, directors, officers or employees related to foreign government officials Foreign Public Officials or Sanctioned Person? | Yes | No |
| Do any principals, owners, directors, officers or employees hold any office or position in any political party or are they candidates for political office? | Yes | No |
| Is a member of the immediate family of any principals, owners, directors, officers or employees of the company or any related company a government agency official, government agency employee, official of a political party, candidate for political office, or a Sanctioned Person? | Yes | No |
| Are any of the principals, owners, directors, officers or employees of the company or any related entity a former employee of any government entity? | Yes | No |
| Has any principal, owner, director, officer or employee of your company or a related entity within the last ten (10) years (1) been suspended from doing business in any capacity; (2) charted or indicted with a criminal act; (3) the subject of any fraud, bribery, misrepresentation investigation; (4) mentioned in the press for having been involved in an improper activity; or (5) terminated by a client for ethical or legal concerns? | Yes | No |

| | | |
|--|-----|----|
| If yes to any of the six questions above, please explain: | | |
| Does your company maintain anti-corruption, anti-money laundering and other compliance training records for its officers, directors and employees? | Yes | No |
| Does your company understand its obligations under the UK Bribery Act, US Foreign Corrupt Practices Act, and other global anti-corruption laws? | Yes | No |
| Please explain how your company maintains policies, procedures and internal controls that would prevent a corrupt payment: | | |
| Has your company ever offered or given anything of value directly or indirectly to a foreign official or any other person to obtain or retain business, induce a person to perform any public- or business-related function improperly or secure any improper advantage? | Yes | No |
| Has your company or related company every received a request for an improper payment, gift or kickback from any person? | Yes | No |
| Has your company or related company ever been offered, promised or received any financial or other advantage from a person in return for an improper act? | Yes | No |
| Has your company or related company ever been a party to a proceeding anywhere in the world for violation of applicable anti-corruption or anti-bribery laws or regulations? | Yes | No |
| If yes to any of the four questions above, please explain: | | |

Please note: For the Compliance Section above, the term "Foreign Public Official" is defined in the UK Anti-Bribery Act and "Prohibited Person" means any individual or entity that appears on the EU Consolidated List, UK HM Treasury Sanctions and List, any United States Treasury Office of Foreign Asset Controls sanctions lists, and UN Consolidated List.

SECTION 5: DATA PROTECTION

| | |
|---|--|
| Please provide details of any disaster recovery arrangements, facilities management and ongoing support arrangements, including details of service levels and charges, and copies of any related documents: | |
| Please provide details of the procedures employed by the Company to monitor compliance with data protection legislation: | |

SECTION 6: BUSINESS LINES

Please indicate the products you intend to sell from the lists below.

Products for Individuals:

| Product Line | Intend to Place with Clements | |
|---|-------------------------------|----|
| Auto physical damage & liability (including political violence) | Yes | No |
| Personal property | Yes | No |
| Worldwide health | Yes | No |
| Travel medical | Yes | No |
| Personal accident | Yes | No |
| Kidnap & ransom | Yes | No |
| Term life | Yes | No |
| Disability | Yes | No |

Products for Organizations:

| Product Line | Intend to Place with Clements | |
|--------------------------------------|-------------------------------|----|
| Fleet | Yes | No |
| Personal accident | Yes | No |
| Kidnap & ransom | Yes | No |
| Foreign property & general liability | Yes | No |
| Workers' compensation | Yes | No |
| Directors and officers liability | Yes | No |
| Emergency evacuation | Yes | No |
| Transit & cargo | Yes | No |
| Group health | Yes | No |
| Group life | Yes | No |
| Political violence | Yes | No |

Please indicate if you offer additional services such as:

- Consulting
- Risk assessments
- Market analysis
- Other

| SECTION 7: BANK DETAILS | |
|-------------------------------|--|
| Name of your bank account: | |
| Location of account domicile: | |

| SECTION 8: ADDITIONAL INFORMATION | |
|---|--|
| Please provide any additional information you think may be relevant to this approval request: | |

| SUPPORTING DOCUMENTS CHECKLIST REMINDER | | | |
|---|----------|--|----------------|
| Company registration document | Attached | | Not applicable |
| Curriculum vitae/resumes for all officers and directors | Attached | | Not applicable |
| Copies of the company's annual financial statements for the last three years, and any interim financial statements prepared since the end of the most recent fiscal year. | Attached | | Not applicable |
| Completed W-9 | Attached | | Not applicable |
| Copy of company's insurance license/permit | Attached | | Not applicable |
| Errors & Omissions policy | Attached | | Not applicable |
| Copies of data protection procedures and data recovery plans | Attached | | Not applicable |

AGREEMENT AND SIGNATURE

By submitting this form, I affirm that the facts set forth in it are true and complete. I certify that if I learn of any additional information that is relevant to this form, I will promptly report that information to the person identified below. I acknowledge and agree that my company will be required from time to time to certify to Clements Worldwide regarding our compliance with Clements Worldwide policies and procedures. In addition, I acknowledge that submission of this form does not automatically establish a business relationship with Clements Worldwide and that a separate agreement must be executed duly before a business obligation exists.

| | |
|------------|--|
| Name: | |
| Title: | |
| Signature: | |
| Date: | |

CONTACT DETAILS FOR THIS QUESTIONNAIRE

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