

# Application

## DIRECTORS & OFFICERS/LIABILITY INSURANCE SUPPLEMENTARY QUESTIONNAIRE

FL- FAILURE TO MAINTAIN QUESTIONNAIRE



1. NAME OF COMPANY: \_\_\_\_\_

2. DOES THE COMPANY RETAIN AN AUTHORIZED INSURANCE BROKER TO PLACE ITS INSURANCE COVERS?

YES - WHOM? \_\_\_\_\_

NO - PLEASE DESCRIBE HOW IS THE PLACEMENT OF INSURANCE COVERS HANDLED? \_\_\_\_\_

3. DURING THE PAST TWO YEARS, HAVE THERE BEEN SIGNIFICANT CHANGES IN THE COMPANY'S INSURANCE COVERS? NOTE ESPECIALLY ANY NON-RENEWALS, REDUCTIONS OF POLICY LIMITS AND RESTRICTIONS OF TERMS AND CONDITIONS.

YES - PLEASE PROVIDE DETAILS: \_\_\_\_\_

NO

4. DURING THE PAST TWO YEARS, HAS THE COMPANY EXPERIENCED DIFFICULTIES AS RESPECTS THE AVAILABILITY OF ANY INSURANCE COVERS?

YES - PLEASE PROVIDE DETAILS: \_\_\_\_\_

NO

5. ARE YOU CURRENTLY SATISFIED THAT THE COMPANY'S INSURANCE COVERS ARE ADEQUATE?

YES

NO - PLEASE PROVIDE DETAILS: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY/TITLE: \_\_\_\_\_

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