



## Directors and Officers Insurance

### Key questions of the course:

- What is D&O Insurance?
- Who is the Insured?
- Who is the Policyholder?
- What is the D&O Insurance structure?
- What is covered?
- What is excluding?
- Who are the claimants?
- What are typical claims?
- What are the main underwriting aspects?

# **Mustafa A. AL-TAL**

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## **Summary of experience**

- Having more than 23 years of experience in Fire ,General accident, Engineering and Trade credit insurance
- Supervising a major insurance company's fire and general accident department, including production, customer relations, claims, marketing, and underwriting risks.
- Supervising and training new employees including bancassurance employees
- Very good communication skills with clients
- Dealing professionally with International loss adjusters, law firms, Insurance brokers
- Handling facultative reinsurer's correspondences. Special acceptance and reinsurance statement.
- Participated and attended many of the insurance courses inside and outside Jordan.

## **Current position**

Arabia Ins. Co. Amman – Jordan  
**Director (Fire, General Accident and Engineering Dept.)**

## **Education**

**2012**                      **Bahrain Institute of Banking & Finance**

**Dip – CII**

**1991–1995**                **University Of Jordan**

- Bachelor's degree Political Science (Major) – Public Administration (Minor)



## PROGRAM NOMINATION FORM

TITLE OF PROGRAM : DIRECTOR AND OFFICER LIABILITIES DURATION : 13-17 October 2019  
 TIME : 1:00 -4:30 pm LANGUAGE : English

**Important:** Kindly ensure to complete all the information requested, without any abbreviations. Please note that incomplete information may lead to rejection of nomination. All sections must be completed in full.

- A. Please print your first, middle and last name, (both in Arabic and English without any abbreviations). Print name as it should appear on the certificate (Print in CAPITAL Letters)

	First	Middle	Last
English	_____	_____	_____
Arabic	_____	_____	_____
	اسم العائلة	اسم الاب	الاسم

## B. PERSONAL INFORMATION:

Sex	: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Nationality	: _____	Date of Birth:	_____	Home/Mobile Tel. No: _____
Civil ID	: _____	e-mail address:	_____	

- C. This is my first attendance at the IBS   
 (Complete ALL boxes)

This is an updating Record   
 (Only complete the NEW data)

## D. JOB INFORMATION:

Current Job Title	: _____
Brief job description	: _____
Organization	: _____
Division/Branch	: _____ Tel no: _____ Ext. no: _____
Date of joining the organization	: _____

## E. HIGHEST EDUCATIONAL QUALIFICATION

University/School	Dates Attended	Major	Qualification

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

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

FOR IBS ONLY

Accepted

Rejected

Remarks : \_\_\_\_\_

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

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