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**APPLICATION FOR ALL CLASSES DIRECTORS & OFFICERS, EMPLOYMENT PRACTICES LIABILITY, FIDUCIARY LIABILITY, AND ERRORS & OMISSIONS**

**NOTICE: THE LIABILITY COVERAGE PART SECTIONS PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE DISCOVERY PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**I. APPLICATION INSTRUCTIONS**

1. Whenever used in this Application, the term "Applicant" shall mean the Company and all Subsidiaries, whether used in the singular or plural.
2. The Application must be signed by an executive officer.
3. If more space is needed to answer a question, **please attach** a separate sheet of paper.
4. This Application and all attachments shall form a part of the Policy if issued and shall be held in the strictest of confidence.

**II. GENERAL COMPANY INFORMATION**

1. a. Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_  
 The named Applicant has been in continuous business since: \_\_\_\_\_

b. Individual authorized to receive notice and information regarding the proposed Policy:  
 Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

c. Website address: \_\_\_\_\_

d. List of Subsidiaries requested to be included under this proposed insurance policy (include name, years in business and identify nature of operations):

\_\_\_\_\_  
 \_\_\_\_\_

**Please attach** additional list of Subsidiaries, (if necessary)

e. Nature of Applicant's business: \_\_\_\_\_

f. Please complete the following information for the current year:  
 Total employees: \_\_\_\_\_ Annual revenue: \$ \_\_\_\_\_ Total assets: \$ \_\_\_\_\_

g. Has the Applicant given notice of any claim, circumstance or potential claim to any insurer under any of the coverages to which this application relates? Yes No  
 If "Yes", **please attach** a full explanation of the claim, circumstance or potential claim.

2. Current Insurance

D&O (Directors & Officers Liability)		Fiduciary Liability	
Carrier(s)		Carrier(s)	
Limit	\$	Limit	\$
Premium	\$	Premium	\$
Expiration		Expiration	
EPL (Employment Practices Liability)		Professional Liability	
Carrier(s)		Carrier(s)	
Limit	\$	Limit	\$
Premium	\$	Premium	\$
Expiration		Expiration	
Auto Dealers E&O		Business Managers and Family Office E&O	
Carrier(s)		Carrier(s)	
Limit	\$	Limit	\$
Premium	\$	Premium	\$
Expiration		Expiration	
Non-Bank Lenders E&O		Investment Advisors & Fund Management E&O	
Carrier(s)		Carrier(s)	
Limit	\$	Limit	\$
Premium	\$	Premium	\$
Expiration		Expiration	
Trust and all other Errors & Omissions			
Carrier(s)			
Limit	\$		
Premium	\$		
Expiration			

3. Have any of the Applicant's current insurance carriers (listed above) indicated an intent to cancel, or non-renew coverage?  
 Yes No If "Yes" **please attach** details.  
**(Note: Not applicable to Missouri Applicants)**

4. Limit of Liability Requested: \$ \_\_\_\_\_  
 Retention Requested: \$ \_\_\_\_\_  
 Proposed Effective Date: \_\_\_\_\_  
 Proposed Retroactive Date: \_\_\_\_\_

**Please elect coverages to which this application applies:**

- Directors & Officers Liability
- Employment Practices Liability
- Fiduciary Liability
- Auto Dealers E&O
- Business Managers and Family Office E&O
- Non-Bank Lenders E&O
- RIA and Fund E&O
- Trust and All Other E&O

### III. FINANCIAL INFORMATION

Please provide the following financial information for the Applicant and its Subsidiaries. Information must be based on the most recent audited financials or interim financials if audited financials are not available.

- Please provide the following Financial Information for the Applicant and its Subsidiaries.

Based on Financial Statements	
Current Assets	\$
Total Assets	\$
Current Liabilities	\$
Total Liabilities	\$
Retained Earnings	\$
Book Equity	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income <input type="checkbox"/> Net Loss	\$
Cash flow from operations	\$
Long Term Debt	\$

- Has the Applicant or any of its Subsidiaries changed auditors in the past 3 years? Yes No
- Is the Applicant or any of its Subsidiaries currently in default of any debt, creditor or contractual obligation or in violation of any debt covenant or agreement? Yes No  
If "Yes" attach an explanation to the Application including a statement on your plan to address such issues.
- Is the Applicant's most recent audit qualified as a "Going Concern" or does the Applicant anticipate such a qualification in its next audit? Yes No  
If "Yes" attach an explanation to the Application including a statement on your plan to address such issues.
- Have the Company's auditors identified "material weakness" in the Applicant's internal accounting controls? Yes No  
If "Yes" **please attach** a full explanation and the Applicant's plan to remediate such weaknesses (including any CPA management letter and the response thereto)
- Does the Applicant have a continuous internal audit by an internal auditor who reports directly to the Board of Directors or functional equivalent? Yes No
- Has the Applicant submitted a notice of any actual or potential claim under any policy of insurance offering Directors and Officers Liability, Employment Practices Liability, Fiduciary Liability or Professional Liability coverage in the past 24 months? Yes No  
If "Yes", **please attach** full details of such activity including the names of the partner involved, date, nature allegations, current status and any actual or pending resolution (if any).

**IV. DIRECTORS AND OFFICERS LIABILITY INFORMATION (Complete if applying for D&O Liability Coverage)**

1. Applicant Ownership
  - a. Total number of voting shares outstanding? \_\_\_\_\_
  - b. Total number of voting shareholders? \_\_\_\_\_
  - c. Percent of voting shares owned directly or beneficially by the Applicant's directors and officers: \_\_\_\_\_%
  - d. Identify any direct or beneficial holders of 5% or more of the Applicant's voting shares please include name and percentage owned:
 

	_____	%
	_____	%
	_____	%
  - e. Do all shareholders in excess of 5% ownership have direct/indirect board representation? Yes No
  - f. Does the Applicant have any preferred stock outstanding? Yes No  
If "Yes" please identify the securities, the ownership thereof and detail any capital raised thereby in the past 12 months.  
\_\_\_\_\_
  
2. Does the Applicant participate in any joint ventures? Yes No  
If "Yes", **please attach** a list of such entities, the nature of business and the percent of ownership held by Applicant for each.
  
3. In the next 12 months (or during the past 18 months) is the Applicant currently contemplating or anticipating any (or has the Applicant completed or been in the process of completing):
  - a. Merger or consolidation with or acquisition of another entity whose consolidated assets exceeded 25% of the Applicant's consolidated assets? Yes No
  - b. Sale, distribution or divestiture of any assets or stock in an amount exceeding 25% of the Applicant's consolidated assets? Yes No
  - c. Registration for a public offering of securities? Yes No
  - d. Private placement of securities? Yes No
  - e. Reorganization, restructuring or arrangement with creditors under federal or state law? Yes No
  - f. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No
  - g. Write-downs, charges or restatements of Financials? Yes No
 If the Applicant answered "Yes" to any part of Question 3, **please attach** an explanation.
  
4. Current number of
  - a. Directors: \_\_\_\_\_
  - b. Officers: \_\_\_\_\_
  
5. Have there been any changes in the Board of Directors or Senior Management of the Applicant within the past 12 months for reasons other than death or retirement? Yes No  
Are any changes currently anticipated within the next 12 months? Yes No  
If "Yes", **please attach** explanation.
  
6. Are there currently outstanding loans to any director or officer? Yes No
  
7. Has the Applicant or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years:
  - a. Anti-trust, copyright or patent litigation? Yes No
  - b. Civil, criminal or administrative or regulatory proceeding alleging violation of any federal or state laws? Yes No
  - c. Any other criminal proceeding or investigation? Yes No
  - d. Any action for suspension or revocation of a license or for any professional disciplinary sanction? Yes No
  - e. Any allegedly illegal discriminatory practices? Yes No
  - f. Any class action or derivative suit? Yes No
 If the Applicant answered "Yes" to any of the above questions, **please attach** a full description of the details including but not limited to name and date of action or proceeding, parties' names, summary allegations and resolution.

**V. EMPLOYMENT PRACTICES LIABILITY INFORMATION (Complete if applying for EPL Coverage)**

1. Total number of employees: Full Time / Part Time

Current Year: Full Time	Part Time
1 year ago: Full Time	Part Time

Breakdown by State:

State	Total Employees
California	
Texas	
Florida	
Louisiana	
New York	

Salary Structure:

Salary	Total Employees
\$0 - \$50,000	
\$50,001 - \$100,000	
\$100,001 - \$150,000	
\$150,001 - \$250,000	
\$250,001 and up	

2. How many employees have been terminated during the past 12 months: \_\_\_\_\_
3. With respect to employee terminations, does the Applicant:
- a. Consult with legal counsel or Human Resources personnel prior to every termination?  
If no, please describe procedures on separate attachment. Yes No
  - b. Provide severance pay and require releases to be signed by terminated employees?  
If yes, has legal counsel reviewed the release?  
If no, please describe procedures on separate attachment. Yes No  
Yes No
  - c. Conduct Mandatory exit interviews? Yes No
4. Has the Applicant had any plant, facility, branch or office closing, consolidations or layoffs within the past 12 months? Yes No  
If "Yes" **please attach** a full description of the details and comment if severance was offered.
5. Does the Applicant anticipate any plant, facility, branch or office closing, consolidations or layoffs with the next 24 months? Yes No  
If "Yes" **please attach** a full description of the details.
6. Does the Applicant:
- a. Have a full-time human resources coordinator? Yes No
  - b. Have an employee handbook provided to all employees?  
Please include with application if yes Yes No
  - c. Use an employment application for all employment applicants? Yes No
  - d. Have a written policy with respect to sexual harassment? Yes No
  - e. Has legal counsel reviewed all policies and procedures prior to implementation? Yes No
  - f. Have written annual evaluations for employees Yes No
  - g. Have a written policy with respect to progressive discipline for employees? Yes No
  - h. Have a written policy for Family Medical Leave? Yes No

- |    |  |     |    |
|----|--|-----|----|
| i. | Have a written human resources manual or equivalent written guideline?           | Yes | No |
| j. | Review all terminations with human resources and/or in-house or outside Counsel? | Yes | No |

7. Describe your dispute resolution process:

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- |    |  |     |    |
|----|--|-----|----|
| 8. | During the past 3 years, has any Applicant in any capacity, been involved in any matter that has been the subject of:  |     |    |
| a. | Formal notice or proceeding including an investigation by the EEOC, NLRB or other similar administrative proceeding for wrongful termination, employment related discrimination, sexual harassment or retaliatory treatment against employees? | Yes | No |
| b. | Employment-related civil suit brought by a third party?<br>If "Yes" <b>please attach</b> a full description of the details   | Yes | No |

**VI. FIDUCIARY LIABILITY INFORMATION (Complete if applying for Fiduciary Liability Coverage)**

Please list the names and types of Applicant's employee benefits plan(s) for which coverage is requested. (Do not include health and welfare plans.)

Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP)

Plan Name	Plan Type: DC, DB, ESOP	Number of Participants	Total Plan Assets	Funding Status (%)
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

1. Does the Applicant handle any investment decisions in-house? Yes No  
If "yes" then by whom? \_\_\_\_\_
2. In the past two (2) years, has the Applicant merged, amended, terminated, or suspended any plan(s)? Yes No  
If yes, **please attach** details.
3. In the next 12 months, does the Applicant plan to merge, amend, terminate, or suspend any plan(s)? Yes No  
If yes, **please attach** details.
4. Do all plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? Yes No
5. Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules? Yes No
6. Does the Company have any delinquent contributions to any plan? Yes No  
If yes, please provide details on a separate page.
7. Has the Company, any plan, or plan fiduciary been accused or found guilty of a breach of fiduciary duty or violation of ERISA? Yes No
8. Have any plans been investigated by the DOL, IRS or any other regulatory agency in the past 2 years? Yes No
9. Does the plan hold any employer securities per ERISA? Yes No  
If Yes:
  - a. Please list each plan and the percentage of the Company's securities held by each plan.
 

	_____ %
	_____ %
	_____ %
  - b. Is the trustee of each such plan independent of the Company? Yes No
  - c. If a private company, how often and by what method is the stock valued?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Who has the voting rights for the shares of stock in the plan or trust?

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10. At any time in the last 5 years has any plan had a funding deficiency?

Yes No

**ESOP Plans only (if applicable):**

11. Percent of the Parent Company and its subsidiaries' common equity shares owned directly or beneficially by the ESOP?

\_\_\_\_\_%

12. How often is the ESOP stock valued? \_\_\_\_\_  
By whom? \_\_\_\_\_

13. Please identify who holds the voting rights for the stock held by the ESOP:

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Please identify such person's relationship with the Parent Company:

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14. Have the assets of any ESOP been pledged as collateral for any financing arrangement?

Yes No



**VII. AUTO DEALERS (Complete if applying for Auto Dealers E&O Coverage)**

**Financial Information:**

1. a. Please provide Gross Revenues for the below:

Gross Revenue	Past 12 Months	Current 12 Months	Projection for Next Year
\$	\$	\$	\$

- b. **Please attach** a copy of the Applicant's most recent audited financials, or the Applicant's current annual report. **If such attachments are not included, please explain on a separate sheet.**

- c. Sales/Revenue Breakdown By:
- New Car Sales: \$ \_\_\_\_\_
  - Used Car Sales: \$ \_\_\_\_\_
  - Service Revenue: \$ \_\_\_\_\_
  - Parts Revenue: \$ \_\_\_\_\_
  - Other Revenue: \$ \_\_\_\_\_

2. Number of Vehicles Sold Annually:
- New: \_\_\_\_\_
  - Used: \_\_\_\_\_

**Dealer-Specific Questions:**

1. a. Number of Spot Deliveries: \_\_\_\_\_
- b. Describe the procedures/controls relating to Spot Deliveries: \_\_\_\_\_
2. Please provide a detailed overview of the Dealership's risk management practices and procedures to comply with applicable laws and regulations relating to Deceptive and Unfair Trade Practices, Title, Odometer, Used Car Sales, Leasing, Lending, Prior Damage, Disclosure of Dealer Fees, Use of Arbitration Agreements
- \_\_\_\_\_

3. Who does the Dealership use for:
- Confirmation of prior damage: \_\_\_\_\_
  - Confirmation of prior mileage: \_\_\_\_\_
- Who does the Dealership use for confirmation of title and to process the titles: \_\_\_\_\_
- Please confirm if industry standard contracts are used in lease and financing agreements      Yes      No
- (If no, please provide details) \_\_\_\_\_

4. Does the Dealership sell any insurance products? If so, please provide details including insurance products sold and companies represented:      Yes      No
- \_\_\_\_\_

5. Please provide details on all regulatory training provided to staff: \_\_\_\_\_

6. Please provide full details on any customer complaints made during the past year: \_\_\_\_\_
- \_\_\_\_\_

7. a. Does the Applicant require a written contract or sales agreement with all its clients?      Yes      No

**If the Applicant responded "no", please provide complete details on a separate sheet.**

- b. Does the Applicant have a process in place to handle and resolve client complaints?      Yes      No

## Employee Related Questions

1. Please indicate the number of personnel in each of the following categories:
  - a. Principals, partners, directors, officers and professional employees: \_\_\_\_\_  
**(Professional Employees are employees performing professional services on behalf of the Applicant)**
  - b. Non-professional (clerical) employees: \_\_\_\_\_
  - c. Independent contractors performing professional services on behalf of the Applicant: \_\_\_\_\_

**VIII. BUSINESS MANAGERS AND FAMILY OFFICE**  
**(Complete if applying for Business Managers and Family E&O Coverage)**

1. Please describe in detail the professional services you wish to insure (**please attach** an additional sheet if necessary):  
 \_\_\_\_\_
2. Has the Applicant been engaged in any profession or business other than as described in question 1. above? Yes  No   
 If Yes, **please attach** details

**Financial Information:**

1. Please provide the following financial information:
  - a. Projected gross revenues for next year: \$ \_\_\_\_\_
  - b. Gross revenues for current year: \$ \_\_\_\_\_
  - c. Gross revenues for last year: \$ \_\_\_\_\_
2. For the revenues listed in question 1. a., please indicate the approximate percentage for each of the services listed above.

**Total percentages must equal 100%.**

Service	% of Projected Gross Revenue
	%
	%
	%
	%
	%
<b>TOTAL</b>	<b>100%</b>

3. Please provide the following information regarding your five (5) largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question 1.c.

Client	Service Provided	Revenue Derived	% of Total Revenue
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

- |     |    |  |         |    |
|-----|----|--|---------|----|
| 4.  | a. | Does the Applicant trade in same securities as clients or make any other investments also recommended to clients?  | Yes     | No |
|     | b. | If Yes, to question 4.a. above, are clients advised in writing?  | Yes     | No |
|     | c. | Is the client's authorization obtained in writing prior to any use being made of his/her name or image or likeness in any advertisement, product endorsement, or promotional material?   | Yes     | No |
| 5.  | a. | Does the Applicant use a contract or engagement letter when accepting an engagement?<br>If Yes, <b>please attach</b> a copy.   | Yes     | No |
|     | b. | If No, how does the Applicant define its responsibilities to its clients? _____  |         |    |
| 6.  |    | Please describe the insured's protocol of the management and disbursement of client funds by partners and employees of the firm: _____   |         |    |
| 7.  | a. | Does the Applicant use a written contract with clients? If No, <b>please attach</b> details.   | Yes     | No |
|     | b. | Does an attorney review such contracts prior to use?   | Yes     | No |
|     | c. | Does the standard contract contain hold harmless clauses for the benefit of the Applicant?   | Yes     | No |
| 8.  | a. | Does the Applicant confirm all changes to vendor/supplier details (including routing numbers, account numbers, telephone numbers and contact information) by direct call using only the contact number previously provided by the vendor/supplier before the request was received? | Yes     | No |
|     | b. | Is wire transfer authority prohibited from being delegated to anyone verbally or in writing?<br>If Yes, <b>please attach</b> details   | Yes     | No |
|     | c. | Does the Applicant have a procedure to verify incoming checks with the issuing financial institution to confirm funds are available, prior to performing services, or wire transferring money? <b>Please attach</b> details.   | Yes     | No |
|     | d. | Does the Applicant allow the employees who reconcile the monthly bank statements to also sign checks or handle deposits?   | Yes     | No |
| 9.  | a. | Does the Applicant have a procedure requiring the review or follow-up of complaints?   | Yes     | No |
|     | b. | Does the Applicant perform pre-employment reference checks for all its potential employees?  | Yes     | No |
|     | c. | Does the Applicant have a formalized training program for newly hired employees?   | Yes     | No |
| 10. |    | Does the Applicant perform pre-employment reference checks for all its potential employees?  | Yes     | No |
| 11. | a. | What percentage of the Applicant's business involves subcontracting work to others?<br>Please describe services: _____   | _____ % |    |
|     | b. | Does the Applicant require evidence of the Errors and Omissions insurance from subcontractors?   | Yes     | No |
| 12. |    | Are independent contractors subject to the same internal control procedures that apply to the Applicant's employees?   | Yes     | No |
| 13. | a. | Please indicate the number of principals, partners, directors, officers and professional employees directly engaged in providing professional services to clients.   | _____   |    |
|     | b. | Please indicate the number of all other non-professional and/or clerical employees   | _____   |    |
| 14. |    | Does the Applicant have any certified, licensed or registered professionals on staff?<br>If Yes, please describe services: _____   | Yes     | No |

**IX. NON-BANK LENDERS LIABILITY (Complete if applying for Non-Bank Lenders E&O Coverage)**

**NOTICE: THIS POLICY MAY BE WRITTEN ON A NO DUTY TO DEFEND BASIS.**

**Section I - General Information**

States Licensed in (please attach licensing information for all states selected):

	AK		AL		AR		AZ		CA		CO		CT		DC		DE		FL		GA
	HI		IA		ID		IL		IN		KS		KY		LA		MA		MD		ME
	MI		MN		MS		MT		NC		ND		NE		NH		NJ		NM		NV
	NY		OH		OK		OR		PA		RI		SC		SD		TN		TX		UT
	VA		VT		WV		WI		WV		WY		All States								

1. Description of Operations: \_\_\_\_\_

2. Does the Applicant:

- a. Maintain any offices outside of the U.S.? If yes, **please attach** details. Yes    No
- b. Have publicly traded securities or debt? If yes, **please attach** details. Yes    No

**Section II - Management, Staffing and Contractors**

1. Please indicate the total number of persons in each of the following positions:

Principals, Partners and Officers	Loan Production	Loan Servicing	Clerical	Total Staff

2. Provide the following information:

Full Name of ALL Principals, Partners, Officers and Key Professionals	Professional Qualifications	Date Qualified	How Long in Practice	How Long as Partner/Principal

3. Does the Applicant use independent contractors, subcontractors, and/or independent Loan Originators? Yes    No

If yes:

- a. What is the estimated percent of the time they are used? \_\_\_\_\_%
- b. Describe the services they perform: \_\_\_\_\_
- c. **Attach** a sample of the agreement the Applicant uses to engage independent contractors and subcontractors.

**Section III – Coverage Information**

1. Please indicate the amount of loans in the following types:

Loan Type	Loan Amounts Outstanding	# of Loans Outstanding	Average Interest %
Mortgage Loans	\$		%
Home Equity Loans	\$		%
Credit Card Loans	\$		%
Payday Loans	\$		%
Other:	\$		%

2. a. Amount of loans past due or non-performing: \$ \_\_\_\_\_  
 b. Average Loan Amount: \$ \_\_\_\_\_  
 c. Maximum Loan Allowable: \$ \_\_\_\_\_  
 d. Loan Loss Reserve: \$ \_\_\_\_\_  
 e. Average Loan Duration: \_\_\_\_\_

3. How are loans Originated?  In House  Third-Party Originators

4. Is there a formal loan policy in place? Yes No  
 If Yes, does it contain policies regarding anti-discrimination practices? Yes No

5. Who has authority to approve loans? \_\_\_\_\_

6. Is there a loan committee, independent credit review function, and independent loan workout function? Yes No  
 If no, **please attach** a description of controls in place to ensure conformance with loan policy.

7. Are loan declinations communicated in writing? Yes No

8. Are formal commitment letters provided to all approved loans? Yes No

9. Does the Applicant service their own loans? Yes No

10. Does the Applicant service loans for others? Yes No  
 If yes, please list total revenue derived from servicing loans for others \$ \_\_\_\_\_

11. Please describe the Applicants sources of funding:  
 \_\_\_\_\_

12. Has there been any regulatory examination in the last five years? Yes No  
 If yes, have all criticisms been addressed? Yes No

13. When is your next expected regulatory examination? \_\_\_\_\_

14. Does the insured perform mock audit or internal audits? Yes No

15. Please describe the Insured’s institution of Best Practices as recommended by the CFSP, CFSAA, FISCA or Online Lenders Alliance.  
 \_\_\_\_\_

**X. INVESTMENT ADVISORS & FUND MANAGEMENT**  
**(Complete if applying for Investment Advisors & Fund Management E&O)**

Please attach the following documents with your application:

1. A brief description of the Applicant's investment philosophy.
2. Form ADV Part 1 and Form ADV Part 2A: Firm Brochure or Filed electronically with IARD
3. All supplements, especially Form ADV Part 2B, Brochure Supplement for each IAR or Filed electronically with IARD
4. Sample client contract(s) for each professional service rendered.
5. A copy of the Applicant's Balance Sheet and Income Statement (unaudited is acceptable).

**Section I – General**

1. Has any insurer declined, cancelled, or non-renewed any Investment Advisor Professional Liability Insurance or any similar insurance on behalf of any Applicant for this insurance? Yes No  
**If yes, attach details.**
  
2. Is any advisory client an investment company (registered or unregistered), REIT, limited partnership, collective investment trust, or any other pooled investment vehicle? Yes No
  - a. **If yes, attach details.**
  - b. **If no, will the Applicant agree to notify the Insurer within thirty (30) days if the Applicant starts to render services to such a client?** Yes No
  
3. Does the Applicant act as an advisor or consultant for any Taft-Hartley, union, or governmental employee benefit plans? **If yes, attach a list of accounts and assets.** Yes No
  
4. During the past three (3) years, has the Applicant or any affiliate considered or been involved in any attempted or completed merger, acquisition, divestiture, or significant change in principals? Yes No
  
5. What percentage of the Applicant's revenue is derived from professional entertainers, celebrities, athletes, or musicians? \_\_\_\_\_% None
  
6. Does the Applicant provide personal management services such as sports management or bill paying or other concierge services to any client? Yes No

**Trading Errors**

1. Before a trade is executed, are there procedures in place to ensure the trade does not violate the investment agreement or that the correct trade amount is being executed? Yes No
  
2. Are there mechanisms or policies in place to quickly identify if a trading error has occurred? Yes No  
**If "Yes", attach your policy and procedures.**
  
3. Has the Applicant had a trading loss in excess of \$5,000 in the past? Yes No  
**If "Yes" provide details (i.e. dates, amounts, by whom the loss was paid).** \_\_\_\_\_  
 \_\_\_\_\_

**List all employed (W-2 and/or K-1) financial advisors:**

CPA firms should list only those that provide financial planning and/or investment advisory services. Independent Contractors (1099) will not be covered and require separate applications or, upon the Applicant’s request pending approval, may be added as additional Insureds. (**Attach** a separate sheet if necessary).

Name of all employed financial advisors	Professional Designations	CRD Number	FPA	NAPFA	Garrett Network	BAM	F1360	Other Assn

**List the entities for which coverage is desired:**

Business Name	Type of Operation	Owned By	% Ownership	Date Acquired	Total Assets	Total Revenue
			%		\$	\$
			%		\$	\$
			%		\$	\$

**Conflict of Interest – Attach any “Yes” response on a separate sheet.**

Does the applicant or any partners, members, managers, officers, directors, employees, or associated professionals:

1. Act as both a trustee and advisor to any client? Yes No
  
2. Act as a director, partner, member, manager, officer, employee, or any other person of control for any organization in which clients are solicited to invest? Yes No
  
3. Advise and/or solicit client to invest in any enterprise in which any former member has more than 5% ownership interest? Yes No
  
4. Advise clients to invest in any enterprise in which another client has more than 5% ownership interest? Yes No
  
5. Act as an advisor to an organization in which the Applicant, or their members or associated persons, have more than 5% ownership interest? Yes No
  
6. Does the Applicant currently use performance-based fees? Yes No
  - a. Are all clients exempted from Rule 205(a) or deemed “Qualified Clients”? Yes No
  - b. How many clients are subject to performance-based fees? \_\_\_\_\_
  
7. Does the Applicant use third party solicitors to generate business? Yes No
  - a. Is the arrangement in compliance with state or federal regulations? Yes No
  - b. Do the solicitors evidence this arrangement to prospective clients? Yes No
  - c. How many solicitors are used? \_\_\_\_\_
  
8. Is any applicant a director, officer, employee, or person in a position of control for any organization or enterprise (including all subsidiaries and affiliates) which is also an advisory client? Yes No



9. Is the Applicant, or any of their partners, officers, directors, employees, or associated professionals a CPA? Yes No  
 If Yes, do any such persons perform or attest work/consulting services for any accounting client who is an advisory client? Yes No

**Disclosure Events – Attach any “Yes” responses on a separate sheet.**

Has the Applicant or any associated professional ever:

1. Had a professional license or registration denied, suspended, revoked, non-renewed, or restricted? Yes No
2. Been formally reprimanded by any court, administrative, or regulatory agency? Yes No
3. Had a complaint filed with any consumer agency, state securities department, insurance department, or broker-dealer, SEC, FINRA, or other regulatory agency? Yes No
4. Been audited by the SEC, FINRA, any state securities department, or other licensing or regulatory agency? Yes No
5. Been formally accused of violating any professional association’s code of ethics? Yes No
6. Been convicted of a felony or any civil proceedings? Yes No
7. Been involved in (or aware of) any fee disputes including suits? Yes No

**Custody**

1. Do you direct trades in client’s custodial accounts? Yes No  
 If “Yes” complete the following:
  - a. Does the Applicant use a written Investment Policy Statement for anything other than ERISA accounts? Yes No
  - b. Does the Applicant have Limited Power of Attorney to direct trades in the client’s account? Yes No
  - c. Does the Applicant use full discretion to trade without prior consent of the client? Yes No
  - d. Does the Applicant use discretion to trade within an Investment Policy Statement or written parameters? Yes No
  - e. Does the Applicant decline to exercise discretion and obtain prior consent for each and every trade? Yes No
2. Excluding advisory fees and authorized disbursement to an account with the same registration or the client, does the Applicant have power to withdraw or disburse funds in the account? Yes No  
 Does the Applicant’s firm, in writing, require clients to review their account statements at least quarterly? Yes No

**Custodians**

	<b>Fidelity</b>		<b>TD Ameritrade</b>		<b>National Advisors Trust</b>		<b>Scottrade</b>
	<b>Folio Institutional</b>		<b>Trust Company of America</b>		<b>Pershing</b>		<b>Shareholders Services Group</b>
	<b>Raymond James Advisory</b>		<b>Schwab</b>		<b>Other</b>		<b>Other</b>

**Provide the percentage of total assets advised in each of the following categories (must equal 100%) or attach a separate sheet of “Classes and Types of Assets Managed / Advised.”**

Note: Mutual Funds or ETFs in the Applicant’s portfolios that hold other security types shown below should be considered Mutual Funds or ETFs for the lower schedule. List only the portion of the below products not held in Mutual Funds or ETFs.

<b>%</b>	<b>Classes and Types of Assets Managed and Assets Advised</b>	<b>%</b>	<b>Classes and Types of Assets Managed and Assets Advised</b>
	Mutual Funds (all investment styles)		Foreign Securities (Traded 100% outside the US)
	Cash		Certificates of Deposit
	Closed-end Investment Companies		Unit Investment Trusts (UIT)
	Variable Annuities		Unlisted Stocks
	Listed Stocks		Unregistered Securities
	Exchange Traded Funds (EFT) (excluding leveraged and inverse)		Index Linked Securities
	Leveraged Exchange Traded Funds		Junk Bonds / Below Investment Grade
	Inverse Exchange Traded Funds		Promissory Notes / Leases / Receivables
	Municipal Securities		Hedge Funds
	Options		Fund of Hedge Funds
	REITs Publicly Traded		Guaranteed Investment Trusts / Fund (CIT / CIF)
	REITs / REIFs / Privately Traded		Tangibles (gold, silver, collectibles, coins, etc.)
	Limited Partnership / General Partnerships or similar Pooled Investment Vehicles		Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs
	Exchange Traded Notes (ETN)		Church Bonds
	Other:		Other Derivatives or Structured Products

**Provide approximate percentages of professional services, must equal 100%. Indicate all services that the Applicant provides. (Note: LPOA = Limited Power of Attorney)**

<b>%</b>	<b>Nature of Practice</b>	<b>%</b>	<b>Nature of Practice</b>
	Modular / Comprehensive Financial Planning / Preparation / Advising		Investment Management or Pension / Benefit Consulting
	Divorce Financial Consulting		Hourly Advice
	Discretionary Asset Management (LPOA)		Wrap Accounts
	Non-Discretionary Asset Management (LPOA with Prior Consent)		Tax Preparation
	Asset Monitoring (No LPOA to Direct Trade)		Seminars / Education
	Product Sales Based on Financial Plan		Third Party Pension Administration
	Product Sales Not Based on Financial Plan		Timing Services
	Publish Newsletters for Subscription or Fee		Third Party Money Managers
	Other:		

Does the Applicant desire coverage for tax preparation?

Yes No

**Sources of Revenue:**

Provide gross annual revenues from financial planning, advisory activities, and commissions from the sales of securities and/or life and health insurance received by all covered individuals and entities. Do not include tax preparation revenues unless coverage for tax preparation is requested.

Year	Annual Total Gross Revenues (100%)	% Fee Only Revenues	% Commission Revenues	Number of Financial Advisors
Last year:	\$	%	%	
Projected for current year:	\$	%	%	
Projected for next year:	\$	%	%	

**Fee Revenue – Must equal 100%**

%	Types of Services	%	Types of Services
%	Investment Advisory Services	%	Investment Management Consulting Services
%	Financial Planning Services	%	Tax Preparation Fees
%	Divorce Financial Consultation	%	Daily Cash Management/Bill Paying Services

**Value of Discretionary Regulatory Assets Under Management (AUM) or Assets Under Advisement (AUA)**

AUM – Discretionary Accounts	Market Asset Value	Value of Largest Account	Number of Clients
ERISA – Defined Benefit Plans:	\$	\$	
ERISA – Defined Contribution Plans:	\$	\$	
Non-ERISA Pension and Employee Benefit Plans:	\$	\$	
Accounts for which an advisor or the Applicant acts as a Trustee:	\$	\$	
All other accounts:	\$	\$	
<b>Subtotals for Discretionary AUM Accounts:</b>	\$	\$	

**Value of Non-Discretionary Regulatory Assets Under Management (AUM) or Assets Under Advisement (AUA)**

AUM – Non-Discretionary Accounts	Market Asset Value	Value of Largest Account	Number of Clients
ERISA – Defined Benefit Plans:	\$	\$	
ERISA – Defined Contribution Plans:	\$	\$	
Non-ERISA Pension and Employee Benefit Plans:	\$	\$	
Accounts for which an advisor or the Applicant acts as a Trustee:	\$	\$	
All other accounts:	\$	\$	
<b>Subtotals for Non-Discretionary AUM Accounts:</b>	\$	\$	

**Value of Investment Consulting, Monitoring, or Referral AUM or AUA**

<b>AUM – Investment Consulting, Monitoring, or Referral</b>	<b>Market Asset Value</b>	<b>Value of Largest Account</b>	<b>Number of Clients</b>
ERISA – Defined Benefit Plans:	\$	\$	
ERISA – Defined Contribution Plans:	\$	\$	
Non-ERISA Pension and Employee Benefit Plans:	\$	\$	
Accounts for which an advisor or the Applicant acts as a Trustee:	\$	\$	
All other accounts:	\$	\$	
Total Asset Monitoring (No LPOA to Direct Trades):	\$	\$	
Total referral to Third Party Money Manager Accounts (no Direct Management):	\$	\$	
<b>Subtotals for AUA accounts:</b>	\$	\$	
<b>Totals for <u>all</u> AUM and AUA accounts:</b>	\$	\$	

**Section II – Supplemental Questions to be Completed for Additional Professional Liability Coverage  
(If coverage for independent contractors is desired, complete the section below)**

List the CRD Numbers and names of any independent contractors (non-employees) giving investment advice on your behalf (**attach** on a separate sheet if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**If product sale coverage is desired, complete the section below:**

List professionals that provide sales for the Applicant (**attach** on a separate sheet if necessary):

<b>%</b>	<b>Types of products</b>	<b>Life / Health</b>	<b>Security Sales</b>

**Please provide the Applicant’s Commission Revenue – must equal 100%**

**Section III - Fund Liability**

Please include copies of the following documents with this Application:

- Offering Memorandum or Private Placement Memorandum for all Funds applying for coverage;
- Most recent audited financial statements for each Fund applying for coverage;
- Performance figures since the inception of the Fund, including comparative results to the S&P 500 or other applicable industry benchmark indices;
- Any SEC Exam Letter and Management’s response, prior three (3) years.

**1. Fund Details:**

Fund Name	Inception Date (mm/dd/yyyy)	AUM Current Year	AUM Prior Year	Minimum Investment	Lock Up Period	Fund Jurisdiction

2. Is the Applicant considering the formation of any new Fund(s) within the next twelve (12) months? Yes    No

3. Approximate subscriptions and redemptions for the last twelve (12) months:  
 a. Subscriptions: \$ \_\_\_\_\_  
 b. Redemptions: \$ \_\_\_\_\_

4. What is the approximate percentage of the private fund beneficially owned by the proposed insureds, their families or affiliated entities? \_\_\_\_\_ %

5. Please provide the approximate percentage of Fund assets that are invested by the following investor types: \_\_\_\_\_ %

Client Type	Percentage
Charitable Organizations / Endowments:	%
Funds of Funds:	%
Governmental Entities:	%
High Net Worth Individuals:	%
Individuals (other than High Net Worth):	%
Other Institutional:	%
Pension and Profit Sharing Plans:	%

6. Does any proposed insured serve as a director or officer of any Private Fund that is listed above? If Yes: Yes    No  
 a. Name of the proposed insured: \_\_\_\_\_  
 b. Name of Company for which they serve as director or officer: \_\_\_\_\_

7. Is the Applicant or any owner of the Applicant affiliated with any broker / dealers? Yes    No

8. Do all Funds specified in A. above have an Advisory Board and/or investment committee? Yes    No

9. Has any Fund managed by the Applicant suspended redemptions? Yes    No

10. Did the Applicant close down or liquidate any Fund in the past three (3) years? Yes    No

11. Have any side letters been executed regarding redemption frequencies or notice periods? Yes    No  
 If Yes to **6, 7, 8, 9, 10 or 11**, please provide details: \_\_\_\_\_

12. Provide the names of the Fund's service providers:

Types	Name	# of Years
Administrator:		
Auditor:		
Custodian:		
Legal Counsel:		
Prime Broker(s):		
Sales / Distribution:		

- |   |     |    |
|---|-----|----|
| <b>13.</b> Has the Applicant changed firms for any of the services listed above in the past three (3) years?<br>If Yes, please provide details: _____ | Yes | No |
| <b>14.</b> Does the Applicant have independent audits?  | Yes | No |
| <b>15.</b> Does the Applicant have surprise audits?   | Yes | No |
| <b>16.</b> Does the Applicant use unaffiliated Investment Managers?   | Yes | No |
| <b>17.</b> Does the Applicant utilize third party marketers to attract investors? If Yes:<br>Please list the firm(s) utilized: _____                  | Yes | No |
| <b>18.</b> Are all marketing materials approved by counsel before being distributed to prospective investors?   | Yes | No |
| <b>19.</b> How often are the Fund's Net Asset Value (NAV) calculations made? _____  |     |    |

**XI. TRUST AND ALL OTHER ERRORS AND OMISSIONS APPLICATION (Complete if applying for Trust or All Other E&O Coverage)**

**Data Processing Services  
(Complete only if Data Processing Services are provided)**

Data Processing Services includes:

- a. Accounting/payroll services, accounts payable/receivable
- b. Cost and general accounting
- c. Management reporting
- d. Computer consulting, including software, hardware and systems analysis
- e. Designing, selling, installing or servicing computer software
- f. Microfiche services

1. a. Indicate the agency performing and the date of the last two regulatory exams of the EDP operation:

Agency that Performed Regulatory Exam	Date of Regulatory Exam

b. Were there any criticisms or comments noted in the most recent regulatory exam of the EDP operations? Yes    No  
**If yes, attach details including if appropriate corrective action has been taken.**

2. Does the Applicant or any Subsidiary provide: **a.** computer consulting services, including software, hardware, systems or telecommunication analysis; **b.** systems integration services; or **c.** designing, developing, selling, licensing, distributing, installing or servicing computer software services? Yes    No  
**If yes, complete question 3.**

3. Provide the most recent annual fees or revenue from each of the following services:

Service	Most Recent Annual Fees or Revenue
<b>a.</b> Computer consulting, including software, hardware, systems analysis and telecommunications.	\$
<b>b.</b> Systems Integration	\$
<b>c.</b> Designing, developing, selling, licensing, distributing, installing or servicing computer software.	\$

**Insurances Services**  
**(Complete only if Insurance Services are provided)**

Insurance Services include: a. Offering credit life, accident, and disability insurance; b. Services as an insurance agent or broker involving individual life, health, accident or disability insurance, individual or commercial property or casualty insurance products; c. The purchase or sale of annuities; d. Any other insurance or risk management related services.

1. Complete the following information pertaining to the scope of Insurance Services provided:

Commercial Lines	Annual Gross Fee Income or Revenue	Personal Lines	Annual Gross Fee Income or Revenue
a. Automobile	\$	a. Automobile (standard)	\$
b. Aviation	\$	b. Automobile (non-standard)	\$
c. Bonds	\$	c. Homeowners	\$
d. Directors & Officers Liability	\$	d. Credit Life Accident & Disability	\$
e. Non-Medical Professional Liability	\$	<b>Accident &amp; Health and Life</b>	
f. Medical Malpractice	\$	a. A & H Group	\$
g. Ocean and Inland Marine	\$	b. A & H Individual	\$
h. Excess and Surplus Lines	\$	c. Annuities or Mutual Funds	\$
i. Workers Compensation	\$	d. Life Group	\$
j. Standard Property & Casualty	\$	e. Life Individual	\$

2. Is there a written policy and procedures manual for insurance services addressing the following areas:

- |  |     |    |
|--|-----|----|
| a. Confirm all verbal binders promptly, and in writing, to both client and carrier?  | Yes | No |
| b. Maintain a policy expiration list (including direct bill) and make certain all policies are renewed and all binders issued on time?                   | Yes | No |
| c. Check all policies and endorsements for accuracy and completeness before mailing?   | Yes | No |
| d. Maintain a written procedure for all licensed personnel to read all policy forms prior to using?  | Yes | No |
| e. Maintain a system to immediately notify the insurance carrier of all claims and incidents reported to the agency by Insured or third-party claimants? | Yes | No |
| f. Maintain a suspense system for following up on receipt of requested items?  | Yes | No |
| g. Conduct internal audits to monitor compliance with errors and omissions procedures?   | Yes | No |
| h. Require annual attendance of brokers and agents at errors and omissions seminars?   | Yes | No |
| i. A policy that prohibits the placement of insurance with carriers rated lower than A- by A.M. Best Company, or that are not rated?                     | Yes | No |

3. Are any of the following insurance related services provided: **If yes, attach details.**

- |   |     |    |
|---|-----|----|
| a. Sale of annuities                                      | Yes | No |
| b. Third-Party administrative services                    | Yes | No |
| c. Claims adjusting services                              | Yes | No |
| d. Program administrator or MGA for any insurance program | Yes | No |
| e. Loss control services                                  | Yes | No |
| f. Insurance company                                      | Yes | No |



**Real Estate Services**  
**(Complete only if Real Estate Services are provided)**

Real Estate Services include: a. Real estate agent or broker; b. Real estate appraisals; c. Property management; d. Title Abstracter; e. Title agent services.

1. Does the Applicant or any Subsidiary provide Real Estate Agent or Real Estate Broker Services? Yes No  
 If yes, complete questions 2 and 3.
2. For the most recent year, provide the following information:

Real Estate Portfolio	Number Properties Sold	Total Dollar Value of Properties Sold	Commission
a. Commercial		\$	\$
b. Residential		\$	\$
c. Other		\$	\$
<b>Total</b>		\$	\$

3. Indicate the number of officers or employees who are licensed real estate brokers or agents: \_\_\_\_\_
4. Does the Parent Company or its Subsidiaries provide real estate appraisal services? Yes No  
**If yes, are all real estate appraisers required to obtain professional certification and belong to related professional associations?** Yes No
5. Does the Parent Company or its Subsidiaries provide Property Management Services? Yes No  
**If yes, complete questions 6 through 9.**
6. For the most recent year, provide the following information:

Real Estate Portfolio	Number Properties Managed	Estimated Dollar Value of Properties Managed	Management Fees
a. Commercial		\$	\$
b. Residential		\$	\$
c. Other		\$	\$
<b>Total</b>		\$	\$

7. Indicate by checking the box which Property Management Services are provided:
 

a. Accounting/Bookkeeping	Yes	No	f. Security System Maintenance	Yes	No
b. Evictions	Yes	No	g. Mortgage Payments	Yes	No
c. General Maintenance	Yes	No	h. Rent Collection	Yes	No
d. Insurance Payments	Yes	No	i. Safety Inspections	Yes	No
e. Investigate and Handle Tenant's Complaints	Yes	No			
8. Does the Parent Company and its Subsidiaries require a hazardous waste survey before accepting any appointment as manager of real estate properties? **If no, attach details.** Yes No
9. Does the Parent Company and its Subsidiaries have specific guidelines regarding the maintenance of insurance on managed real estate properties? **If no, attach details.** Yes No
10. Does the Parent Company or its Subsidiaries provide any of the following real estate services?
 

a. Abstractor	Yes	No
b. Auctioneer	Yes	No
c. Closing Officer	Yes	No
d. Escrow Agent	Yes	No
e. Title Agent	Yes	No

**Trust Department Liability Services**  
**(Complete only if Trust Department Liability Services are provided)**

1. Year Trust Department was established: \_\_\_\_\_
2. Number of trust officers: \_\_\_\_\_ Average years of trust officer experience: \_\_\_\_\_
3. Please provide annual gross revenues (in thousands) of the Trust Department for the past 3 years:  
 Year 1: \$ \_\_\_\_\_ Year 2: \$ \_\_\_\_\_ Year 3: \$ \_\_\_\_\_
4. Please provide the following information, showing asset amounts in thousands:

Type of Account	No. of Accounts	Book Value of Assets	Managed/ Discretionary	Advisory/ Nondiscretionary	Custodial
Individual		\$	%	%	%
ERISA		\$	%	%	%
Corporate		\$	%	%	%
Other		\$	%	%	%
<b>Total</b>		\$	%	%	%

5. Are there written Trust Department policies and procedures addressing all of the following:
 

a. Approval of new accounts?	Yes	No
b. Approval of closing accounts?	Yes	No
c. Reviewing accounts on a periodic basis for compliance with trust terms?	Yes	No
d. Approval of the purchase and sale of trust assets?	Yes	No
e. The need for legal review of trust documents and changes to trust terms?	Yes	No
f. Acceptable criteria for trust investments?	Yes	No
g. Conflict of interest, including investments in financial instruments of the Parent Company or its subsidiaries?	Yes	No
h. Providing financial reports to clients?	Yes	No
i. The use of formal checklists to document which administrative trust duties (payment of taxes, insurance, etc.) are performed and when they are performed?	Yes	No

**If any of the above are not addressed, provide details by attachment.**
6. As of the most recent Trust Department regulatory examination:
 

a. Were any conflict of interest criticisms rendered?	Yes	No
b. Were there any other criticisms of Trust Department operations or management? <b>If yes, attach details.</b>	Yes	No
7. Is the Trust Department subject to a Cease and Desist Order, Memorandum of Understanding or similar action by any Regulatory Authority? **If yes, attach details.**

	Yes	No
--	-----	----
8. Does the Trust Department have an approved list of securities?  
**If not, attach details on the criteria used for investment selections.**

	Yes	No
--	-----	----
9. Does the Trust Department manage any common trust funds?  
**If yes, attach copy of the most recent CPA audit of each fund.**

	Yes	No
--	-----	----
10. Are financial reports sent to Trust Department clients on a monthly basis?
 

	Yes	No
--	-----	----
11. Is a hold harmless agreement protecting the Trust Department from the liabilities of a previous trustee obtained when the Trust Department succeeds an outside trustee?
 

	Yes	No
--	-----	----

- |  |     |    |
|--|-----|----|
| 12. Does the Trust Department control 5% or more of the stock of any corporation?<br><b>If yes, attach a listing of such corporations including the percentage held.</b>   | Yes | No |
| 13. Does the Trust Department perform shareholder accounting services for mutual funds? <b>If yes, provide details.</b>  | Yes | No |
| 14. Does the Trust Department provide actuarial services for clients? <b>If yes, provide details.</b>  | Yes | No |
| 15. Is the Trust Department involved in the actual operations of any farms, ranches, or other real estate, oil, gas, mineral, timber or other natural resource leases, or other types of client business?<br><b>If yes, attach full details including the number of clients and total assets involved.</b> | Yes | No |
| 16. Are any services provided outside a trust agreement, such as investment advice, tax planning, etc.? <b>If yes, attach details including the qualifications of the persons providing such services.</b>   | Yes | No |

### Other Professional Services

(Complete only if Professional Services other than those identified in the preceding sections are provided)

**Other Professional Services include: a. Accounting and tax preparation services; b. Actuarial services; c. Travel agent services.**

- |  |     |    |
|--|-----|----|
| 1. Attach a list of such Professional Services including a description of the nature of the Professional Service, the professional training, qualifications or designations maintained by the employees that provide such Professional Services and the number of employees holding such designations. |     |    |
| 2. Are there any special auditing or internal control procedures in place with respect to any Other Professional Service provided?   | Yes | No |

## XII. PENDING LITIGATION AND CLAIMS INFORMATION

- |   |     |    |
|---|-----|----|
| 1. a. In the last five (5) years, has the Applicant or anyone in the Applicant's firm received any complaints concerning products or services provided by the Applicant or anyone else on the Applicant's behalf?<br><b>If Yes, please attach an explanation of each, including resolution.</b> | Yes | No |
| b. In the last two (2) years, has the Applicant sued a customer or client for non-payment of fees?<br><b>If Yes, please attach an explanation of each, including resolution</b>   | Yes | No |
| 2. Has any claim of the type that could be covered by the requested coverage ever been made against the Applicant?  | Yes | No |
| 3. Has the Applicant ever been subject to an inquiry, investigation, or action by any regulatory body or administrative agency?   | Yes | No |
| 4. Has the Applicant ever been subject to a criminal action related to lending activities or services?  | Yes | No |
| 5. Has the Applicant ever been involved in any antitrust, copyright or patent litigation?   | Yes | No |

**XIII. PRIOR KNOWLEDGE**

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a Claim which may fall within the scope of the proposed insurance?

Yes No

If "Yes", provide complete details. \_\_\_\_\_

Have you reported this to your current insurer?

Yes No

If Yes, please attach an explanation of each and current status.

**IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.**

THE UNDERSIGNED AUTHORIZED DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCED, THE COMPANY WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER FULLY RESERVES ITS RIGHTS WITH RESPECT TO THE UNDERWRITING ACCEPTANCE OR DENIAL OF SUCH CHANGES, INCLUDING THE RIGHT TO MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED AUTHORIZED DIRECTOR OR OFFICER DECLARES ON BEHALF OF THE COMPANY, AND ITS DIRECTORS AND EXECUTIVE OFFICERS, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE AND THAT THE COMPANY HAS MADE REASONABLE GOOD FAITH EFFORTS TO OBTAIN SUFFICIENT INFORMATION TO ACCURATELY COMPLETE THIS APPLICATION.

IT IS AGREED THAT THE STATEMENTS IN THIS APPLICATION OR IN ANY MATERIALS SUBMITTED HERewith ARE REPRESENTATIONS OF THE COMPANY AND ITS DIRECTORS AND EXECUTIVE OFFICERS. THESE REPRESENTATIONS SHALL BE DEEMED MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURER UNDER THE POLICY, WHICH, IF ISSUED, WILL BE ISSUED IN RELIANCE UPON THE TRUTH THEREOF.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED BY TWO OF THE FOLLOWING INDIVIDUALS WHO IS AUTHORIZED TO SIGN ON BEHALF OF ALL ASSURED INCLUDING THE COMPANY AND ANY PERSONS FOR WHOM THE INSURANCE IS TO BE PROVIDED: **CEO AND CFO.**

**WARNING**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OF FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN

AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO FLORIDA APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.”

**NOTICE TO HAWAII APPLICANTS:** “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

**NOTICE TO KANSAS APPLICANTS:** “AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREFORE, ANY WRITTEN STATEMENT AS PAST OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO’ OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.”

**NOTICE TO KENTUCKY APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

**NOTICE TO LOUISIANA APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO MARYLAND APPLICANTS:** “ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO MAINE APPLICANTS:** “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

**NOTICE TO NEW HAMPSHIRE:** “ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD AS PROVIDED AS PROVIDED IN RSA 638:20.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW MEXICO APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO OKLAHOMA APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELON OF THE THIRD DEGREE.”

**NOTICE TO OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO TEXAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO WEST VIRGINIA:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

**NOTE: This Application must be signed by the President, CFO and/or CEO of the Applicant acting as the authorized agent of the persons and entity(ies) proposed for this insurance.**

**If this Application is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this Application is completed in Iowa, please provide the Insurance Agent's name only.**

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
SUBMITTED BY (Insurance Agency)	INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	

Insurance underwritten by:



**Hadron Specialty Insurance Company**  
**12600 Deerfield Pkwy, Suite 100**  
**Alpharetta, GA 30004**  
**1-888-831-4742**