



NOTICE

ANY LIABILITY COVERAGE FOR WHICH THIS APPLICATION IS MADE, APPLIES ONLY TO CLAIMS FIRST MADE, OR DEEMED MADE, AGAINST INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMITS OF LIABILITY AVAILABLE TO PAY LOSS WILL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM.

GENERAL INFORMATION

Name of Applicant (Chief Compliance Officer):

Preferred email address that all notices to the Applicant should be addressed:

Name of Applicant's Organization:

Organization's Street Address:

City, State, Zip Code:

Organization's SIC Code:

Number of employees of Organization:

Select one of the following that describes the Organization:

☐ Investment Adviser ☐ Mutual Fund ☐ Other (describe): _____

SPECIFIC INFORMATION

1. Coverage Requested:

a. Limit of Liability requested: _____

b. Policy Period requested:

From: _____ To: _____
12:01 A.M. both dates at the address of the Applicant.

2. Do the bylaws or charter of the Organization provide indemnification to its Chief Compliance Officer to the fullest extent permitted by law? ☐ Yes ☐ No

3. Applicant's number of years of experience as a Chief Compliance Officer: _____

4. Applicant's number of years as a Chief Compliance Officer of the Organization: _____

5. Applicant's professional designations:

6. Does the Applicant perform any functions or have any roles/titles within the Organization other than Chief Compliance Officer? ☐ Yes ☐ No
If yes, provide details: _____

7. Is the Applicant an independent contractor? ☐ Yes ☐ No

8. Please provide a copy of the primary Directors and Officers and/or Errors and Omissions Liability insurance policy, or provide the following information about such policy:

Coverage	Insurer	Total Limit	Retention	Policy Period
Directors and Officers Liability		\$	\$	
Errors and Omissions Liability		\$	\$	

a. Does the policy provide coverage for regulatory investigations? ☐ Yes ☐ No
If yes, provide sublimit amount: ☐ N/A or \$ _____

b. Does such policy contain exclusions for claims brought by regulators? ☐ Yes ☐ No

9. Is the Organization a registered investment adviser and a licensed broker/dealer? ☐ Yes ☐ No

10. Does the Organization have written policies and procedures that comply with the Investment Advisers Act of 1940, Rule 206(4)-7 ? ☐ Yes ☐ No

11. Do the Applicant and Organization use a computer compliance program to monitor investment and regulatory compliance? ☐ Yes ☐ No
If yes:

- a. How long has the program been in place? _____
- b. How often is it tested for accuracy? _____
- c. When was the program last updated? _____
- d. Is the program a pre-trade or post-trade program? _____
- e. If a third-party program is used, identify the program: _____

12. Does the Organization have formal, written procedures to ensure:

- a. Accurate pricing and valuations of securities? ☐ Yes ☐ No
- b. Best execution on all security transactions? ☐ Yes ☐ No
- c. Compliance with ERISA? ☐ Yes ☐ No

13. During the past three years, has any claim, or notice or circumstances which could give rise to a claim, been reported to any of the Applicant's or Organization's Directors and Officers Liability or Errors and Omissions Liability insurers? ☐ Yes ☐ No
If yes, attach full details.

14. During the past three years, has the Organization or Applicant, whether in his or her capacity as chief compliance officer or otherwise, been involved in a written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal civil administrative or formal civil regulatory proceeding, or formal civil investigation, informal civil investigation, service of a subpoena pursuant to an SEC formal investigative order, or request for extradition, in connection with:

- a. a federal, state, local, or foreign securities law or regulation? ☐ Yes ☐ No
- b. a security holder's or shareholder derivative suit? ☐ Yes ☐ No
- c. a employment law or ERISA? ☐ Yes ☐ No

If yes, attach full details, including the date, nature of the claim, amount paid for defense and/or damages, whether it was covered by insurance, any corrective procedures implemented, and the current status.

15. Has the Applicant ever been fined, censored, or penalized by any agency?..... ☐ Yes ☐ No
16. Has the Organization ever been fined, censored, or penalized by any agency, or been the subject of a regulatory inquiry?..... ☐ Yes ☐ No
If yes, attach full details.
17. Does the Applicant have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, or breach of duty that could reasonably give rise to a claim, including a securities claim, against them? ☐ Yes ☐ No
If yes, attach full details.

It is agreed that the proposed policy will not afford coverage with respect to any claim arising from any error, misstatement, misleading statement, act, omission, neglect, or breach of duty to the extent the Applicant knew of such error, misstatement, misleading statement, act, omission, neglect, or breach of duty prior to issuance of the proposed policy.

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE SECTION

It is agreed that this application is a supplement to all other applications previously submitted to Travelers in conjunction with the underwriting and issuance of insurance coverage for which the policy being applied for would be a renewal or replacement or otherwise succeed in time, and those applications together with this application will constitute the complete application which will be the basis of any quotation which may be made.

The undersigned Applicant declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth in this application for insurance, including any supplements or materials made part of this application, are true and complete, and may be relied upon by Travelers. If any information in this application, or any supplements or materials submitted therewith, changes prior to the inception date of the policy that Travelers may issue to the Applicant, the Applicant will notify Travelers of such changes and Travelers may modify or withdraw any outstanding quotation. Travelers is authorized to make any investigation or inquiry in connection with this application. The Applicant represents that he or she is authorized to disclose the statements set forth in this application for insurance, including any supplements or materials made part of this application.

The signing of this application does not bind Travelers to offer, nor the Applicant to purchase, the insurance. If the policy is issued, it is agreed that this application, including any supplements or materials made part of this application, will have been relied upon by Travelers in issuing the policy, will be the basis of the insurance, and will be, in all states other than NC and UT, considered physically attached to, and part of, the policy.

Electronically produced signatures will be treated as original.

Applicant Signature*: x	Applicant Name and Title:	Date:
Producer Signature**: x	State Producer License No. (required in FL):	Date:
Agency:	Agency Code:	License Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- ☐ Electronic Signature and Acceptance – Applicant
☐ Electronic Signature and Acceptance – Producer**

**Producer information only required in Florida and Iowa.

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.