



Asset Managers Liability Solutions New Business Application

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. GENERAL INFORMATION (to be completed by all Applicants)

1. The Applicant to be named in Item 1. of the Declarations (the "Applicant"): _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone Number: _____

Website(s): _____

Principal place of business: _____

Desired Effective Date: _____

2. Officer designated to receive correspondence and notices from the Insurer:

Name: _____ Title: _____

Email: _____

3. Please complete the following for all Applicants in the aggregate:

Investment Vehicle Type	Current Aggregate AUM/AUA		Total Number of Clients/Accounts	
	Current	Prior 12 Months	Current	Prior 12 Months
Separate Account	\$ _____	\$ _____	_____	_____
Registered Fund	\$ _____	\$ _____	_____	_____
Unregistered Pooled Investment Vehicle (Excluding Real Estate Fund)	\$ _____	\$ _____	_____	_____
Real Estate Fund	\$ _____	\$ _____	_____	_____
Other (Please specify) _____	\$ _____	\$ _____	_____	_____
Total	\$ _____	\$ _____	_____	_____

4. Please provide the following insurance information:

Insurance Coverage	Premium and Retention	Limit of Liability	Carrier	Expiration Date
Directors & Officers Liability	Premium: \$ _____	\$ _____	_____	_____
	Retention: \$ _____			
Fund/Investment Adviser Professional Liability	Premium: \$ _____	\$ _____	_____	_____
	Retention: \$ _____			
Employment Practices Liability	Premium: \$ _____	\$ _____	_____	_____
	Retention: \$ _____			
Fiduciary Liability (For Own Plans)	Premium: \$ _____	\$ _____	_____	_____
	Retention: \$ _____			
Bond	Premium: \$ _____	\$ _____	_____	_____
	Retention: \$ _____			
Cyber/Network Protection Liability	Premium: \$ _____	\$ _____	_____	_____
	Retention: \$ _____			

5. Has any similar insurance on behalf of any Applicant person(s) or entity(ies) been declined, cancelled, or renewal thereof been refused within the past five (5) years?

Yes No

If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

6. During the past five (5) years has any Applicant been involved in:
- a. any anti-trust, copyright, creditor or patent litigation or dispute? Yes No
 - b. any civil or criminal action or administrative proceeding alleging a violation of any federal, provincial, territorial, state, local or foreign law or regulation? Yes No
 - c. any representative actions, class actions, or derivative suits? Yes No
 - d. any other litigation or alternative dispute resolution proceeding with a customer, client, vendor, or employee or Executive? Yes No
 - e. any regulatory inquiry, investigation, or action, or agreement, order, or memorandum? Yes No
 - f. any claim or notice of potential claim made under any current or prior policy providing similar coverage to those being applied for in this application? Yes No

If you answered "Yes" to any of the above, please provide complete details (if additional space is needed, please attach separately): _____

7. During the past five (5) years, has any federal, provincial, territorial, state, or foreign government or regulatory authority or any self-regulatory agency in which any Applicant is a member:
- a. conducted an inquiry, inspection, investigation, examination, or general request for information of any Applicant? Yes No
 - b. corresponded or communicated with any Applicant? Yes No

If you answered "Yes" to either of the above, please provide complete details, including copies of all communication or correspondence between the Applicants and the regulatory authority or agency (if additional space is needed, please attach separately): _____

8. Has a proceeding in bankruptcy, receivership, or insolvency ever been instituted by or against any of the Applicants or any predecessors in business? Yes No

If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

9. Do the Applicants maintain a comprehensive information-security program that is designed to protect the security, confidentiality, and integrity of personal information in compliance with present privacy laws? Yes No

If you answered "No" to the above, please provide complete details (if additional space is needed, please attach separately): _____

10. In the past five (5) years, have any of the Applicants received any complaints, claims, or been subject to litigation or alternative dispute resolution proceedings involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicants' customers' ability to rely on the Applicants' network? Yes No

If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

11. Does the Applicant conduct mock regulatory compliance audits or utilize compliance consultants? Yes No

II. INVESTMENT ADVISER MANAGEMENT AND PROFESSIONAL LIABILITY COVERAGE

(to be completed by all Adviser and Private Fund Applicants)

1. a. Please provide the following information for all Applicants applying for investment adviser management and professional liability coverage ("Adviser Applicant(s)") (if additional rows are needed, please add them):

Adviser Applicant Name	Date of Formation	Province or State of Domicile	Entity Organizational Structure *	Name of Government Regulator	Member of Self-Regulatory Agency (or equivalent)?	Name of SRO
_____	_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

*Entity Organizational Structure – please indicate if the Adviser Applicant is a public company, private company, limited partnership, general partnership, or other (please specify)

- b. Please provide the following information for each Adviser Applicant:
- i. a biography of the principals within the Adviser Applicant, including chronological history of industry experience and educational background; and
 - ii. a list of any regulatory sanctions, fines, penalties, or equivalents assessed against such individuals along with description of circumstances

2. Please complete the following for any person or entity that has an ownership interest of five percent (5%) or greater in any Adviser Applicant (if additional rows are needed, please attach separately):

Adviser Applicant Name	Name of Owner	Percentage of Ownership Interest
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

3. Is there any other affiliated entity (other than a fund or investment holding company) applying for coverage under the Policy? Yes No

If you answered "Yes" to the above, please provide the following for each entity (if additional rows are needed, please attach separately):

Name of Entity	Relationship to Applicant	Description of services provided and/or activities engaged in
_____	_____	_____
_____	_____	_____

4. Are any of the Adviser Applicants currently involved in, considering, or contemplating, or have they been involved in, considered, or contemplated any of the following during the past five (5) years:
- a. merger, consolidation, acquisition, bankruptcy, reorganization, or Initial Public Offering? Yes No
 - b. changes to ownership of more than ten percent (10%)? Yes No
 - c. changes to accountants, auditors, or external general counsel? Yes No

If you answered "Yes" to any of the above, please provide complete details (if additional space is needed, please attach separately): _____

5. Please provide the following information for each Applicant Advisor (if additional rows are needed, please attach separately):

Adviser Applicant Name	Number of Directors	Number of Officers	Number of Security Interest Holders
_____	_____	_____	_____
_____	_____	_____	_____

6. Have any of the Adviser Applicants experienced any changes in the board of directors or senior management within the past three (3) years for reasons other than as a result of death or retirement? Yes No

If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

7. Within the last twelve (12) months has any Adviser Applicant (or any of its subsidiaries or affiliated entities applying for coverage) been advised by its outside auditors that there are material weaknesses in its/their system of internal control? Yes No

If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

8. Does each Adviser Applicant have written controls and procedures in place to ensure compliance with:
- a. all federal, provincial, territorial, state, or foreign anti-money laundering laws and regulations? Yes No
 - b. Pension Benefits Standards Act of 1985 or Employee Retirement Income Securities Act of 1974, as amended, or any similar laws and regulations? Yes No
 - c. all federal, provincial, territorial, state, or foreign securities laws and regulations? Yes No
 - d. federal, provincial, territorial, state, or foreign securities registration requirements? Yes No

If you answered "No" to the above, please provide complete details (if additional space is needed, please attach separately): _____

9. Does each Adviser Applicant have a written personal trading policy? Yes No
- a. Are personal trades allowed (other than long-term investments)? Yes No
 - b. Is pre-clearance of all personal trades required? Yes No

10. Do all "soft-dollar arrangements" fall within the safe harbor of National Instrument 23-102, Use of Client Brokerage Commissions (or any federal, provincial, territorial, state or foreign equivalent), as amended? Yes No

If you answered "No" to the above, please provide complete details (if additional space is needed, please attach separately): _____

11. Please provide the percentage of AUM (for separate accounts only) invested in each type of investment:

Asset Backed Securities	_____ %	High Yield Bond or Leverage Loans (including CLOs)	_____ %
Cannabis	_____ %	Commodities	_____ %
Cryptocurrencies and/or Digital Assets	_____ %	Life Insurance or Related Products	_____ %
Direct Assets (Art, Timber, Jewelry, etc.)	_____ %	Oil & Gas E&P	_____ %
Direct Real Estate Private Placements	_____ %	Private or non-traded REITs	_____ %
Derivatives (Other)	_____ %	Private Placements	_____ %
Hedge Funds & LPs	_____ %	Other _____ % (please specify _____)	

12. a. Does any Adviser Applicant, Subsidiary, or any affiliated entity (or any employees or executives) render any services other than investment advisory services to clients? Yes No

b. If you answered "Yes" to the above, please provide the percentage of revenue derived from each type of service:

Broker/Dealer Services _____ %

Investment Banking Services _____ %

Manager/General Partner/Syndicator of Limited Partnerships _____ %

Trustee Services _____ %

Insurance Agency _____ %

Other Services _____ %

Please describe the Other Services provided (if additional space is needed, please attach separately): _____

(Please note that the Policy as written will determine the coverage available for the above services).

13. Are client transactions executed by an in-house or affiliated broker/dealer? Yes No

If you answered "Yes" to the above, please provide full details of such transactions, including the percentage of transactions handled and specifics of disclosures provided (if additional space is needed, please attach separately): _____

14. Please provide the following information for any separate accounts lost by all Adviser Applicant(s) during the past twelve (12) months:

Total asset value of accounts lost: \$ _____ Total Number of accounts lost: _____

If the percentage of total assets listed above is greater than ten percent (10%), please provide full details surrounding the loss of said accounts: _____

15. Has any Applicant Adviser, Subsidiary, or affiliated entity sponsored any Special Purpose Acquisition Companies ("SPAC") in the last three (3) years, or does any Applicant Adviser, Subsidiary or affiliated entity plan to sponsor a SPAC within the next twelve (12) months? Yes No

16. Required Attachments:

For each Adviser Applicant, please provide the following:

- Most recent annual financial statements (including balance sheet and income statement);
- List of current directors and officers and/or partners;
- Most recent applicable regulatory inspection report, and any response by management; and
- Entity Organizational Chart including all affiliates and partnerships

III. COST OF CORRECTION COVERAGE

(to be completed only if seeking Cost of Corrections coverage)

1. Please provide the complete the following information for the prior twelve (12) months:

a. Average number of trades completed daily: _____

b. Average value of daily trades: \$ _____

2. Do all of the Applicants applying for Cost of Corrections coverage have trade error policies and procedures that includes:
 - a. Procedures for identifying errors? Yes No
 - b. Guidelines for resolving trade errors? Yes No
3. During the past five (5) years, have any of the Applicants experienced any trade errors in excess of \$25,000? Yes No
 If you answered "Yes" to the above:
 - a. Did any investors suffer a negative financial impact as a result of such material trade error? Yes No
 - b. Please provide full details for each trade error over \$25,000, including the circumstances surrounding the error, the value of the negative financial impact suffered by investors, and any corrective measures the Applicant took (if additional space is needed, please attach separately): _____

4. Required Attachments:

- i. For each Applicant seeking Cost of Corrections coverage, please provide a copy of each Applicant's trade error log for the past three (3) years for any trade error over \$25,000.

IV. FUND MANAGEMENT AND PROFESSIONAL LIABILITY COVERAGE

(to be completed only if Applicant is seeking Fund Management and Professional Liability Coverage)

A. General Fund Information:

to be completed by all Fund Applicants*

*Fund Applicant means any investment company, pooled investment vehicle, separately managed account, single investor fund, or limited liability company created, sponsored, or managed by an Applicant Adviser

1. During the past twelve months (12 months), has any Fund Applicant experienced net redemptions of more than twenty percent (20%)? Yes No
 If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____
2. Are there any Outside Service Providers (administrator, distributor, or transfer agent) applying for coverage under the Policy? Yes No
 If you answered "Yes" to the above, please complete the following chart (if additional rows are needed, please attach separately):

Name	Relationship to the Applicant	Description of activities engaged in
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Does any Fund Applicant receive commissions, fees, reciprocity, or revenue from any outside service providers (even if such outside service provider is not applying for coverage)? Yes No
 If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

B. Registered Funds:
(to be completed by all Registered Fund Applicants)

1. Please complete the following for each Registered Fund Applicant (if additional rows are needed, please add them):

Name of Fund	Principal Business Address	Formation Date	Current Net Assets (\$mm)	Prior Year Net Assets (\$mm)
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

2. Please indicate the percentage of total Registered Fund sales accounted for by each distribution method utilized below:

- a. Third-party or Independent broker/dealer _____ %
- b. In-house, affiliated, or captive broker/dealer _____ %
- c. Direct-marketing _____ %

3. Do any of the Registered Fund Applicants have or ever had positions that are valued at "fair value"? Yes No

4. Required Attachments:

For each Registered Fund Applicant, please provide the following:

- a. Current Prospectus;
- b. Most recent Annual Report (including audited financials and management reports of fund performance); and
- c. Most recent applicable regulatory inspection report, and any response by management.

C. Private Funds
(to be completed by all Private Fund Applicants)

1. Please complete the following for each Private Fund Applicant (if additional rows are needed, please add them):

Name of Fund	General Partner/ Manager Capital Investment (\$mm)	Inception Date	Maximum Leverage Allowed per Offering Document	Maximum Leverage utilized in past 12 months	Current Fund Assets (\$mm)	Prior Year Fund Assets (\$mm)	Percentage of AUM from Institutional Investors
_____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____ %
_____	\$ _____	_____	_____	_____	\$ _____	\$ _____	_____ %

2. Please complete the Supplemental Real Estate Application for any Private Fund Applicant that is a real estate firm or limited liability company.

3. Please provide the percentage of assets invested in all Private Funds in the aggregate for the following:

- a. High net worth individuals _____ % Fund of Funds _____ %
 Foundations/Endowments _____ % Pensions _____ %
 Other Institutional investors _____ %
- b. Canadian investors _____ % US investors _____ Foreign-based investors _____ %

4. Has any Private Fund Applicant experienced investment losses of twenty percent (20%) or more of net asset value over ten (10) business days? Yes No
 If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

5. a. Has any Private Fund Applicant had a margin default in the last twelve (12) months? Yes No
 b. Has any counterparty increased margin requirements by more than twenty percent (20%)? Yes No
 If you answered "Yes" to either of the above, please provide complete details (if additional space is needed, please attach separately): _____

6. Do any Private Fund Applicants secure board representation on companies that the Private Fund Applicant is invested in? Yes No
 If you answered "Yes" to the above, please complete the following (if additional rows are needed, please attach separately):

Name of company	Number of board seats	Names of individuals serving on the board
_____	_____	_____
_____	_____	_____

7. Please indicate the percentage of total Private Fund sales accounted for by each distribution method utilized below:
- a. Third-party or Independent broker/dealer _____ %
 - b. In-house, affiliated, or captive broker/dealer _____ %
 - c. Direct-marketing _____ %

8. Are all marketing materials approved by either in-house counsel or outside counsel before being distributed to prospective investors? Yes No

9. Does the Applicant Private Fund(s) utilize an independent valuation agent? Yes No
 If you answered "No" to the above, please provide complete details on your existing valuation procedures (if additional space is needed, please attach separately): _____

10. Does the Applicant Private Fund utilize expert networks? Yes No

11. Required Attachments:

For each Private Fund Applicant, please provide the following:

- a. Partnership Agreement;
- b. All Offering Documents and/or Private Placement Memorandums;
- c. Most recent audited Financial Statements;
- d. Most recently monthly or quarterly LP report;
- e. Copy of code of ethics and/or compliance manual (including employee/principal trading policy);
- f. List of current Directors and Officers or Partners;
- g. Due Diligence Questionnaire; and
- h. Copies of all brochures or sales materials.

V. EMPLOYMENT PRACTICES LIABILITY

(to be completed only if Applicants are seeking Employment Practices Liability coverage)

1. Please complete the following charts for all Applicants seeking Employment Practices Liability coverage:

A. Employee/Partner Information?

	Employee/Partner Count	
	Current Year	Prior Year
Full Time	_____	_____
Part Time	_____	_____
Located in US	_____	_____
Located in California	_____	_____
Located in New Jersey	_____	_____
Located in New York	_____	_____
Independent Contactors	_____	_____

B. Employee/Partner Salary Information (including bonus):

Salary Level	% of Employees/Partners
Less than \$100,000	_____ %
Between \$100,000-\$250,000	_____ %
Between \$250,000-\$500,000	_____ %
Between \$500,000-\$1 million	_____ %
Between \$1 million-\$5 million	_____ %
Greater than \$5 million	_____ %

C. Layoffs and Resignations:

	Past Year	Prior Year
Involuntary Terminations	_____	_____
Resignations	_____	_____
Layoffs	_____	_____

2. Do all Applicants have a full time Human Resources (HR) Manager in place? Yes No

3. Are all terminations required to be reviewed by HR or Outside Counsel? Yes No

4. During the last three (3) years, has any Applicant been involved in any administrative proceeding or any adjudicatory proceeding:
 - a. before an equal employment opportunity commission or any federal, provincial, state, or local government agency whose purpose is to address employment-related claims? Yes No
 - b. before the Department of Labour? Yes No
 - c. involving any federal, provincial, state or local law which regulates or governs employment wage, pay, or labour requirements or standards? Yes No
 - d. involving the Canadian Immigration Act? Yes No

5. Do all of the Applicants have an employee handbook or written policies, procedures, or guidelines in place that include the following?
- a. equal employment opportunity? Yes No
 - b. prevention of discrimination in the workplace? Yes No
 - c. prevention of harassment, including sexual harassment, in the workplace? Yes No
 - d. accommodation for the disabled, as required by the Accessible Canada Act (ACA), Canadian Charter of Rights, and the Canadian Human Rights Act, or any similar federal, provincial, state, local or foreign law or regulation? Yes No
- If you answered "Yes" to any of the above:
- a. Are they distributed all employees/partners? Yes No
 - b. Are employees/partners required to acknowledge receipt (either written or electronically)? Yes No
 - c. Is the handbook required to be updated on an annual basis? Yes No
6. Do all Applicants require all employees/partners to sign mandatory arbitration agreements or have an alternative dispute resolution process in place? Yes No
7. Does each Applicant have written policies, guidelines, or procedures addressing the following human resources or personnel management issues:
- a. third-party discrimination and harassment prevention for customers, clients, or vendors? Yes No
 - b. workplace civility? Yes No
 - c. retaliation prevention? Yes No
 - d. employee illness, injury, and recovery leave? Yes No
 - e. employee complaint or grievance procedure? Yes No
 - f. employee discipline and termination? Yes No
 - g. medical and other leaves of absence mandated by statute or otherwise? Yes No
 - h. Genetic nondiscrimination? Yes No
8. Are employees/partners required to attend sexual harassment and discrimination prevention training? Yes No
- If you answered "Yes" to the above, how often are these policies, guidelines, or procedures updated?
- Annually Every Other Year Other (Please explain) _____
9. Are employees/partners required to attend diversity training? Yes No
- If you answered "Yes" to the above, how often?
- Annually Every Other Year Other (Please explain) _____
10. Do all Applicants have a process for monitoring, analyzing, and reviewing diversity in their workforce and in their management ranks, specifically with respect to hiring, firing, compensation, promotion, job assessment, and training opportunities? Yes No

11. In the past twenty-four (24) months, has any Applicant completed a review of their compensation structure to determine if there are any disparities in compensation paid to members of any protected class? Yes No

If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

12. Does any Applicant use or collect biometric information from employees, including, but not limited to a retina or iris scan, fingerprint, voiceprint, or a scan of the hand or face geometry? Yes No

If you answered "Yes" to the above:

- a. Does the Applicant have any written policies, guidelines, or procedures addressing the collection, storage, use retention, and destruction of biometric information? Yes No
- b. Does the Applicant receive written or electronic acknowledgement confirming employees have received a copy of the written policies, guidelines, or procedures addressing the collection, storage, use retention, and destruction of biometric information? Yes No

VI. FIDUCIARY LIABILITY

(to be completed only if the Applicants are seeking Fiduciary Liability coverage)

1. Please complete the following chart for all Applicants seeking Fiduciary Liability coverage:

Plan Name	Plan Type**	Current Year Plan Assets	Prior Year Plan Assets	Plan Participants
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

** Plan Type – Defined Contribution Plan (DCP), Defined Benefit Plan (DBP), Employee Stock Option Plan (ESOP), Health and Welfare Benefit Plan (HWB), KSOP

2. Do any Applicants delegate authority of the management and control of any plan assets to any outside consultants? Yes No

- a. If you answered "Yes" to the above, please complete the following chart:

Consultant	Firm Name	Years Employed
Investment Advisor	_____	_____
Actuary	_____	_____
Legal Counsel	_____	_____
CPA	_____	_____
Plan Administrator	_____	_____
Other	_____	_____

- b. Do all of the Applicants handle investment decisions in-house? Yes No

If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____

3. What percentage of plan assets are in proprietary funds? _____ % N/A
4. Are employees required to invest in the Applicants' retirement plans? Yes No
5. Do the Applicants match retirement plan contributions:
- a. In cash? Yes No
- b. In company stock Yes No
6. Does any plan hold employer securities or offer investment in employer securities? Yes No
7. Has a plan or portion of any plan been sold, transferred, merged, or terminated in the past three (3) years? Yes No
- If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____
8. In the past three (3) years, have there been any changes to the plans resulting in a reduction of benefits, or is one currently being contemplated? Yes No
- If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____
9. Are there plans to convert any existing plan to a cash balance plan? Yes No
- If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____
10. In the last three (3) years, has any plan loaned money to, or invested in the securities of any Applicant, affiliates, or any other party-in-interest? Yes No
- If you answered "Yes" to the above, please provide complete details (if additional space is needed, please attach separately): _____
11. Do the plans conform to the standards of eligibility, participation, vesting, funding, or other provisions of the applicable pension laws? Yes No
12. Has any plan been the subject of an investment by the Department of Labour ("DOL"), Canada Revenue Agency ("CRA"), Internal Revenue Service ("IRS"), or any other domestic or foreign agency? Yes No
13. Are there any outstanding or delinquent plan contributions? Or are any plan loans, leases, or debt obligations considered uncollectible or in default? Yes No
14. Has each Applicant provided the required annual statement to plan participants disclosing fees, expenses, and investment performance? Yes No
15. Has there been any assessment of fees, fines, or penalties under a voluntary compliance resolution program or similar voluntary settlement program administered by the CRA, DOL, or other government authority against any plan? Yes No
- If you answered Yes to the above, please provide details.

16. Required Attachments:

- a. Most recent 5500 and plan audited financials; and
- b. most recent independent actual valuation of the employer stock

VII. APPLICANT REPRESENTATION

(to be completed by the Applicant)

The Applicant Representation applies to all coverages that have been completed as part of this Application

1. Special Representation applicable to the following Coverages only (if to be part of this policy):

For the coverages checked below, the Applicant has current coverages in place with either CNA or with any other carrier:

Coverages:	Coverage has been in place since:
<input type="checkbox"/> Investment Adviser Directors and Officers Liability	_____
<input type="checkbox"/> Investment Adviser Professional Liability	_____
<input type="checkbox"/> Fund Directors and Officers/ Professional Liability	_____
<input type="checkbox"/> Employment Practices Liability	_____
<input type="checkbox"/> Fiduciary Liability	_____

The Applicant requests continuity for these coverages and this Applicant Representation does not apply to these coverages.

If no checkboxes are checked above then this Applicant Representation applies to any of these coverages for which the Application has been completed subject to the following:

Applicant Representation - None of the individuals to be insured under any Coverage Part is responsible for or has knowledge of any wrongful act or fact, circumstance, or situation which they have reason to believe might result in a future claim, except as follows:

- Yes, there are exceptions to this Representation (please attach details)
- No, there are no exceptions to this Representation

If any wrongful act or fact, circumstance, or situation which the Applicant has reason to believe might result in a future claim whether not disclosed above, then the Applicant acknowledges and agrees, unless the proposed insurance policy expressly provides otherwise, any loss, claim, or action arising out of, based upon, or attributable to such wrongful act or fact, circumstance, or situation will be excluded from coverage in accordance with the Application provision of the proposed policy.

2. Representations applicable to all coverages to be made part of this policy:

The Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate, and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the CNA Company (the "Company") to whom this Application is made, as soon as practicable, any material changes in all such information after signing the Application and prior to issuance of the policy. The Applicant further acknowledges that the Company will have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes.

Further, the Applicant understands and acknowledges that:

- a. Completion of this Application and any supplemental applications or forms does not bind the Company to issue a policy;
- b. If a policy is issued, the Company has relied upon, as representations, this Application, any supplemental application, and other statements furnished to the Company in conjunction with this Application;

- c. All supplemental applications, statements, and other materials furnished to the Company in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof;
- d. This Application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- e. If a policy is issued, the limit of liability contained in the policy will be reduced and may be completely exhausted by the payment of loss, defence costs, and expenses. In such event the Company will not be liable for loss, defence costs, and expenses to the extent that such loss, expenses, and defence costs exceed the limit of liability of this policy;
- f. If a policy is issued, defence costs and expenses incurred will be applied against the deductible or retention amount as provided in the policy;
- g. The Applicant's failure to report to its current insurance company
 - i. any claim made against it during the current policy term; or
 - ii. any act, omission, or circumstances which the Applicant is aware of that may give rise to a claim; before expiration of the current policy may create a lack of coverage.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

Applicant:

By: _____
*Signature and Title** *Printed Name of Authorized Representative*

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Producer Name: _____

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.