

Chubb- Financial Institutions

Asset Management Protector (AMP) and Form-B Financial Institution Bond (FIB)

New Business Insurance Application

By completing this new business application ("Application") you are applying for coverage with Chubb Insurance Company of Canada (the "Company")

Notice: each coverage part of asset management protector by Chubb provides claims-made coverage, which applies only to "claims" first made during the "policy period", or any applicable extended reporting period. Except where required by the laws of the province of Quebec, the limit of liability to pay damages or settlements will be reduced and may be exhausted by "defence costs", and "defence costs" will be applied against the retention. In no event will the company be liable for "defence costs" or the amount of any judgement or settlement in excess of the applicable limit of liability. Read the entire Application carefully before signing.

I. Asset Management Protector (AMP) and Form-B Financial Institution Bond (FIB) Application Part

A. General Information

1. a. Name of **Applicant**: _____
- b. Address of **Applicant**: _____
- c. Employee Census:

Portfolio Managers	_____	Compliance & Audit	_____
Research Staff	_____	Sales & Marketing	_____
Other (please explain)	_____	Total	_____
- d. Number of Branch Locations? _____

2. Limits and Deductibles Requested:

Coverage Section	Limit of Liability		Deductible	
	Current	Proposed	Current	Proposed
a. Employment Practices Liability	\$ _____	\$ _____	\$ _____	\$ _____
b. Fiduciary Liability	\$ _____	\$ _____	\$ _____	\$ _____
c. Directors & Officers Liability	\$ _____	\$ _____	\$ _____	\$ _____
d. Outside Directorship Liability	\$ _____	\$ _____	\$ _____	\$ _____
e. Investment Advisory Errors & Omissions	\$ _____	\$ _____	\$ _____	\$ _____
f. Form-B Financial Institution Bond	\$ _____	\$ _____	\$ _____	\$ _____

3. Business Form Corporation GP LP Other

If incorporated, please complete the following:

- a. Province of Incorporation: _____
 - b. Total number of shareholders: _____
4. Does any shareholder, directly or beneficially, hold 5% or more of the common stock? If Yes, please provide additional details on a separate sheet. Yes No
 5. Does the **Applicant** have any subsidiaries? Yes No

If Yes, please provide full details on a separate sheet, including names, lines of business, and % owned.

6. Is the firm registered with a Securities Commission or Self Regulating Organization as a Portfolio Manager/Investment Fund Manager? If Yes, please indicate organization(s). Yes No
7. Is the firm publicly traded? Yes No
8. Date Established: _____ Web Site Address: _____

B. Employment Practices Information

1. Does the Applicant have written procedures in place regarding:
- a. Equal Opportunity Employment Yes No
 - b. Anti-discrimination Yes No
 - c. Anti-sexual harassment Yes No
 - d. Discipline Yes No
 - e. Termination Yes No
 - f. Handling complaints of sexual harassment or discrimination Yes No
- If any of the above answers are No, please provide full details on a separate sheet, including the reason why not.
- g. Does the Applicant require that employees sign and acknowledge receipt of the above policies? Yes No
2. Percentage of employees with salaries (including bonuses):
- | | | | |
|-----------------------|---------|------------------------|---------|
| Less than \$50,000 | _____ % | \$100,000 to \$250,000 | _____ % |
| \$50,000 to \$100,000 | _____ % | Greater than \$250,000 | _____ % |

C. Fiduciary Information

1. Do you have a Pension Plan, ESOP, or Health Benefit Plan for your Employees? Yes No
- If Yes, please provide full details on a separate sheet, including any plan size (assets), number of participants, funding status, and classification (ie. defined benefit, defined contribution, etc...).

D. Outside Directorship Information

1. Do any of your Directors or Officers currently sit on any Outside Boards at the request of the firm? Yes No
- If Yes, please provide additional details on a separate sheet, including the name of the company, how long they have sat on the Outside Board, and whether the company is public or private.

E. Investment Advisory Services Information

1. Please complete the table below for those accounts which the **Applicant** acts as a Portfolio Manager/Investment Fund Manager:

	# of Accounts		Market Value	
	Current Year	Last Year	Current Year	Last Year
a. Individual Accounts	_____	_____	\$ _____	\$ _____
b. Trusts	_____	_____	\$ _____	\$ _____
c. Labour Management Plans	_____	_____	\$ _____	\$ _____

d. Corporate / Institutional	_____	_____	\$ _____	\$ _____
e. General / Limited Partnerships	_____	_____	\$ _____	\$ _____
f. Mutual Funds *	_____	_____	\$ _____	\$ _____
g. Other	_____	_____	\$ _____	\$ _____
TOTAL	_____	_____	\$ _____	\$ _____

* Please complete the attached Schedule 1 for all mutual funds for which coverage is desired.

2. Asset value of largest account: \$ _____ Number of accounts lost in the past 12 months _____
 Asset value of accounts lost in the past 12 months \$ _____
3. Does the **Applicant** recommend the use of derivative instruments or other alternative investments? Yes No
 If Yes, please provide, on a separate sheet, an explanation of the types and amounts.
4. What is the minimum size of accounts accepted for new customers? \$ _____
5. Are customer transactions executed by an in-house broker/dealer? Yes No
 If Yes, please provide, on a separate sheet, the percentage of transactions and provide a copy of the disclosure document distributed to the customer.
6. Has the **Applicant** received any customer complaints in the last 3 years? Yes No
 If Yes, please provide on a separate sheet further details.

F. Auditing Practices

1. With respect to External Audit:
- a. Has the firm made provisions for an annual audit by an outside Certified Public Accountant (CPA)? Yes No
 If Yes, please provide additional details on a separate sheet.
- b. Has the CA rendered an unqualified opinion for each of the last 3 years? Yes No
 If No, please provide additional detail on a separate sheet.
- c. Has there been any change in CA firm in the last 3 years? Yes No
 If Yes, please provide additional details on a separate sheet.
- d. Have you complied with all recommendations made as a result of your most recent audit? Yes No
 If No, please attach a schedule explaining any noncompliance.
- e. Does the outside CPA report directly to the Board of Directors or Partners? Yes No
- f. Are all locations included in the audit? Yes No
2. With respect to Internal Audit:
- a. Indicate number of full-time Employees assigned to audit department. _____
- b. Does the Internal Audit Department report directly to the Board of Directors or Partners? Yes No
3. Please give the date of the last 3 Regulatory exams and indicate what authority performed each exam:
- | | | |
|------------------|------------------|------------------|
| Date: _____ | Date: _____ | Date: _____ |
| Authority: _____ | Authority: _____ | Authority: _____ |

G. Organization & Internal Controls

1. Does you institution maintain written procedures covering the following:
- a. Account initiation and maintenance? Yes No
- b. Trade initiation and trade ticket execution? Yes No

- c. Reconciliation of all trades? Yes No
- d. Physical Custody and Safekeeping? Yes No
- e. Data Processing Operations? Yes No
- f. Written Code of Ethics? Yes No
- g. Audit and internal controls? Yes No
- 2. "In-house" Cheques
 - a. Do all cheques require dual signatures? Yes No
 If No, at what dollar amount is dual signatures required? \$ _____
 - b. If cheque signing machines are used, describe controls over signature plates to prevent misuse.

 - c. Is dual control established and maintained for the handling of the reserve supply of official cheques? Yes No
- 3. Customer Accounts
 - a. Is there an application/form to be completed for all new customers? Yes No
 - b. What investigations or verifications are made prior to opening an account for a new customer?

 - c. Do you require approval by a Senior Officer when the information in (a) and (b) above is complete, and prior to commencing trading? Yes No
- 4. Are customers who discover discrepancies in their accounts instructed to write or telephone a designated Employee who has no other duties in connection with customer transactions? Yes No
- 5. Are requests to change customers' addresses made in writing by customers? Yes No
- 6. Are customers who discover discrepancies in their accounts instructed to write or telephone Yes No
- 6. Is written confirmation of customer's address change sent to old and new address? Yes No
- 7. Do you have controls in place for inactive accounts? Yes No
- 8. What is the name of your Custodian? _____
- 9. What is the name of your Transfer Agent? _____

H. Prior Insurance

- 1. Does the **Applicant** currently have in place any of the coverages requested with this application? Yes No
 If Yes, please ensure that the table in section A.2 is completed correctly.
- 2. Attach a copy of the prior application (with any prior insurer) for which continuity of coverage is to be maintained. The Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in, and form part of the Policy.
- 3. Has the **Applicant** or any Subsidiary given written notice under the provisions of any prior policies providing similar insurance of specific facts or circumstances which might give rise to a claim being made against the **Applicant** or any Subsidiary? Yes No
 If Yes, please provide full details on a separate sheet.

I. Past Activities

1. Has the Applicant or any Subsidiary been involved in any of the following in the past three (3) years, or has any director or officer been involved in any of the following at any time?

	Organization	Persons
a. Anti-trust, copyright or patent litigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any criminal actions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Received a cease and desist order from any regulatory authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Any representative actions, class actions or derivative suits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Civil or administrative proceedings alleging violation of any provincial, state or federal securities law?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes to any of the above, please provide full details on a separate sheet, including names and dates involved.

2. Have any payments been made on behalf of any Applicant and/or any Subsidiary under any previous policy that provided insurance similar to that for which you are applying? Yes No

If Yes, please provide full details on a separate sheet, including the amounts and dates involved.

3. Has the Applicant or any Subsidiary been involved within the past three (3) years, or contemplated in the next twelve (12) months:

a. Any actual or proposed merger, acquisition or divestment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any registration for a public offering or a private placement of securities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Any layoffs, staff reductions or facility closings?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. During the past three years, has any Applicant or any person of coverage, been involved in any capacity in any of the following matters?

a. Employment-related civil suit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any EEOC in the US, or any other similar administrative proceeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Have you any knowledge of or information concerning any occurrence or circumstances whatsoever, which might materially affect this proposal? Yes No

If Yes to any of the above, please provide full details on a separate sheet, including the types of allegations, the court or agency involved, and the current status, as well as any determination, judgement, defense costs and/or settlement.

J. Prior Knowledge

1. If you had no Prior Insurance or are requesting limits of liability for any coverage type larger than the limits set forth in Section A.2, the following statement must be completed:

No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the requested coverages for which you do not currently maintain insurance, or within the scope of a requested larger limit of liability except:

None or please provide full details on a separate sheet.

It is understood and agreed that the above statement only applies to (a) those coverages for which no coverage is currently maintained, and (b) those coverages where the Applicant is requesting limits of liability greater than currently maintained. It is understood and agreed that if knowledge of any such facts or circumstances exists, whether or not disclosed, any claim or action arising from them is excluded under any policy issued by the Company.

K. Other Information

1. Please attach the following information with this completed Application:
 - a. Latest audited financial statements.
 - b. List of current directors and officers or partners.
 - c. Copy of standard client contract(s) for discretionary and non-discretionary private accounts.
 - d. Resumes of portfolio managers.
 - e. Copy of most recent regulatory inspection report, and management's written response.
 - f. CA Letter of recommendation to Management & Management's response.

II. Supplemental FIB Application Part

1. As respects any mutual fund proposed for coverage in Schedule 1, are all shareholder accounting services performed by the transfer agent? Yes No
 If No, please explain who performs other shareholder accounting services and what those services are. _____
2. Is there any written agreement wherein the transfer agent is held harmless or indemnified by the mutual fund in connection with its duties as redemption or transfer agent? Yes No
 If Yes, please attach a copy of the agreement.
3. Would specific instructions ever be issued by the Applicant to the Transfer Agent requesting it to issue a cheque for redemption of certificates to other than the registered owner? Yes No
 If Yes, under what circumstances? _____
4. Does the Applicant ever guarantee or witness signatures on mutual fund certificates received for transfer or redemption? Yes No
 If Yes, under what circumstances? _____
5. Does the Applicant always require signature guarantees on:
 - (a) redemptions? Yes No
 - (b) changes of registration? Yes No
 - (c) changes of address? Yes No
 - (d) request for additional redemption privileges? Yes No
 If Yes, by whom?
 - (a) Member of stock exchange? Yes No
 - (b) Other? Please explain: _____
6. Does the Applicant have a formal policy governing procedures for holding unit-holder items of deposit prior to crediting their accounts? Yes No
 If Yes, please state the minimum number of days items are held. _____

7. Please attach your standard collection procedures which are pursued in the event that unit-holder items of deposit are not honored by the drawee financial institution.
8. Are your unit-holders permitted to request by voice over the telephone transfers or redemptions from their accounts? Yes No
 If Yes, please provide on a separate sheet those Applicants that permit this activity.
9. Are unit-holders required to sign a written agreement authorizing the Applicant to rely on telephonic or voice instructions? Yes No
 If Yes, please attach a copy of the agreement.
10. Are written Designated Procedures in place which outline the steps to be followed when verifying the authenticity of voice requests directed to you over the telephone?
 If Yes, please attach a copy.

III. Supplemental COC Application Part

A. Securities Trading

Overview

1. What is the average daily trading volume:
 (a) Number of trades: _____
 (b) Number of shares _____
 (c) Dollar value: _____
2. Does an automated system track trades from order through execution? Yes No
 If No, please attach diagram of the process.
 If Yes, what is the name of the system used? _____
 Is this a proprietary system? Yes No
3. Is a trading guidelines manual utilized? Yes No
 If Yes, please attach a copy.
4. What is the name of the firm used to clear trades? _____
 (a) How many years have they provided this service? _____
 (b) Does your contract with them hold you harmless for liability arising from their acts? Yes No
 (c) Are trades cleared only on a fully disclosed basis? Yes No
5. Is your firm or any subsidiary or affiliate of your firm, the introducing broker to trading activities? Yes No
 If no, does the introducing broker hold your firm harmless for their errors? Yes No

Authorization & Execution Controls

1. (a) Does the trade entry system permit overrides (manual or otherwise)? Yes No
 If Yes, who has such authority? _____
- (b) Are exception reports generated and reviewed? Yes No
 If Yes, by whom? _____
- (c) How often are exception reports reviewed? _____ Yes No

2. To whom are trade confirmations provided?
 Account Managers Compliance Funds Accounting Other
3. Does your trading system utilize any filtering software which rejects input of unauthorized securities? Yes No
 If Yes, can it be overridden? Yes No

Post Trade Reporting

1. How frequently are trades reconciled against fund/account guidelines?
 Daily Weekly Monthly Other: _____
2. Who has the responsibility to monitor and manage trade corrections?

B. Compliance/Internal Audit

1. Is a trade error report maintained to chronicle previous trading error history? Yes No
 If Yes, please attach a copy.
2. Is a report outlining trading activity reviewed by compliance/internal audit? Yes No
 If Yes, how frequently? _____
3. How are violations with trading policy addressed?

4. Is there a continuous compliance education program for all employees? Yes No

C. Customer Account Transfers

1. Is customer account enrollment and withdrawal the responsibility of a separate business unit or dispersed among several groups?

D. Other Information

1. Has an external consultant been used to audit trading controls procedures? Yes No
 If Yes, please provide a copy of their report to management?
2. Does the applicant trade for the fund or a customer's account:
 (a) Derivatives securities? Yes No
 (b) Convertible securities? Yes No
3. Does your system "flag" securities which have announced share splits or bond calls? Yes No
 Please describe how such events are reconciled against funds and accounts holding such securities.

E. History

1. For each of the past 3 years, please provide information regarding trading errors/cost of corrections:
- | | <u>1 year ago</u> | <u>2 years ago</u> | <u>3 years ago</u> |
|---|-------------------|--------------------|--------------------|
| (a) Number of corrections each year? | \$ _____ | \$ _____ | \$ _____ |
| (b) Total dollar value of all corrections each year | \$ _____ | \$ _____ | \$ _____ |
| (c) Largest dollar value of correction each year | \$ _____ | \$ _____ | \$ _____ |

2. Have you ever reported a cost of corrections claim to your insurer? Yes No
 If Yes, please attach a description of each event. Include the date of the report to your insurer, summary of the event, how the error was corrected, the amount of loss, the status, and the amount of payment by insurer.

IV. Social Engineering Fraud Supplemental Application Part

A. Applicant’s Vendor and Supplier Controls

1. Does the **Applicant** confirm all changes to vendor/supplier details (including routing numbers, account numbers, telephone numbers and contact information) by a direct call using only the contact number previously provided by the vendor/supplier before the request was received? Yes No
2. Does the **Applicant** confirm such changes requested by the vendor/supplier with a person independent of the requestor of the change, with any changes being implemented only after the vendor/supplier has the opportunity to challenge them? Yes No
3. Does the **Applicant** require review of all changes to vendor/supplier records by a supervisor or next-level approver before any change to the record is processed? Yes No
4. Does the **Applicant** run exception reports, either automatic or manually created, showing all changes to the standing data of vendors/suppliers? Yes No
 If “Yes”, how often are the reports run? _____
 and by whom are they reviewed? _____
 If “No” to any of the Questions 1 - 4 above, please describe the method by which any change to vendor/supplier data is screened and verified by the **Applicant**. Attach additional pages if necessary.

B. Voice and Electronic Initiated Transfer Controls

1. Does the **Applicant** maintain a pre-established list of employees authorized to transfer the Assured’s funds or initiate payments, when such request is from an internal company source (i.e. another employee, officer, subsidiary, location or business unit)? Yes No
 If “Yes”, please provide their positions/titles:

2. Can wire transfer authority be only delegated in writing, and through a formal process? Yes No
3. Does the **Applicant** use any out of band methods (one-time codes, PIN numbers, or other authentication devices) to verify the authenticity of requests described above? Yes No
 If “No”, please describe the method by which the **Applicant** verifies the authenticity of each request prior to initiating any transfer to an external account. Attach additional pages if necessary.
4. Are dual approvals required for any funds transfer request involving:
 - a. A dollar amount over a specific threshold? Yes No
 If “Yes”, at what threshold? \$_____
 - b. A new bank and/or account number? Yes No
 - c. Funds transfers to countries outside Canada? Yes No
5. If online banking software is used to perform wire transfer functions, is access to the portal restricted to specific users and terminals? Yes No
6. Does the **Applicant’s** email server and/or internet service provider (ISP) use email authentication methods [such as Sender Policy Framework (SPF), Sender ID, Domain Keys Identified Mail (DKIM)] to detect spoofed email not originating from your domain? Yes No

7. Are employees that are responsible for wire transfers provided anti-fraud training, including but not limited to detection of social engineering, phishing and other email scams? Yes No
8. Please describe any other means by which wire or payment requests to be made by employees are screened and authenticated by the **Applicant**. Attach additional pages if necessary.
- _____

V. Cyber and Privacy Insurance Application Part

A. Applicant Information

Year Established	Website Address
_____	_____
All Revenues (Last Fiscal Year End - FYE)	% Online Revenue (Current FYE)
_____	_____
All Revenues (Current FYE)	All Revenues (Projected next FYE)
_____	_____

Number of Records Containing Protected Information:

What is the maximum total number of unique individual persons or organizations whose **Protected Information** could be compromised in a not-yet-discovered **Cyber Incident**, or will be stored or transmitted during the **Policy Period** on the **Applicant’s Computer System** or any **Shared Computer System** combined that relate to the **Applicant’s** business?

This should include **Protected Information** of employees, retirees, customers, partners and other third parties that the **Applicant** is responsible for securing, including **Protected Information** that is secured by third parties under contract with the **Applicant**. Multiple records or types of **Protected Information** relating to the same unique individual person or organization should be considered a single record.

B. Nature of Operations

1. Class of Business
Describe nature of business operations, products or services in layperson terms.

2. Does the **Applicant** have any products or services entering new markets or territories with the next year that are substantially different in scope or end use than current products or services, including as a result of recent or planned merger or acquisition? Yes No
If Yes, please provide details:

3. Does the **Applicant** currently or will the **Applicant** potentially operate as any of the following?
- | | |
|---|--|
| <input type="checkbox"/> Accreditation Services Provider | <input type="checkbox"/> Manufacturer of Life Safety Products/Software |
| <input type="checkbox"/> Adult Content Provider | <input type="checkbox"/> Media Production Company |
| <input type="checkbox"/> Credit Bureau | <input type="checkbox"/> Payment Processor |
| <input type="checkbox"/> Cryptocurrency Exchange | <input type="checkbox"/> Peer To Peer File Sharing |
| <input type="checkbox"/> Data Aggregator/Broker/Warehouse | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Direct Marketer | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Third Party Claims Administrator |
| <input type="checkbox"/> Gambling Services Provider | |

Or does the **Applicant** derive more than 50% of its revenue from technology products and services (e.g. software, electronics, telecom)?

Yes No

If Yes, please provide details:

C. Current Loss Information

1. Within the past three years:

(a) has the **Applicant** had any actual or potential **Incidents** or **Claims** to which the **Policy** would apply?

Yes No

(b) is the **Applicant** aware of any fact, circumstance, or situation that could reasonably be expected to give rise to an **Incident** or **Claim** to which the **Policy** would apply?

Yes No

If Yes to either (a) or (b), please provide details:

D. Cyber and Media Controls

1. Which of the following IT security controls does the **Applicant** have in place?

(a) Antivirus and Firewalls (Windows 7 or higher qualifies)

Yes No

Unknown

(b) Encryption of Sensitive Data

Yes No

Unknown

(c) Encryption of Mobile Computing Devices

Yes No

Unknown

(d) Critical Software Patching Procedures

Yes No

Unknown

(e) Critical Data Backup and Recovery Procedures

Yes No

Unknown

(f) Does the **Applicant** have an Incident response plan for data breaches and or business interruption plan?

Yes No

Unknown

(g) Does the **Applicant** accept payment card (Credit/debit card) transactions?

Yes No

If Yes, is the **Applicant** PCI compliant? (via assessment or self-attestation)

Yes No

Unknown

(h) Does the **Applicant** deal with protected health information as defined by PHIPA (or similar provincial or US federal and state acts)?

Yes No

If Yes, is the **Applicant** compliant with PHIPA (or similar provincial or US federal and state acts)?

Yes No

Unknown

(i) Is the **Applicant** complaint with provincial, territorial, federal or state privacy statutes and regulations that are applicable to its business (PIPEDA)?

Yes No

(j) Has the **Applicant** obtained legal review of its use of trademarks, including domain names?

Yes No

Unknown

E. Current Coverage

1. Does the **Applicant** currently purchase Cyber or Privacy Liability insurance?

Yes No

If Yes, what is the Retro Date? _____

2. Does the **Applicant** currently purchase Media Liability Insurance? Yes No

F. Desired Coverage

	<u>Retention</u>	<u>Aggregate Limit</u>	<u>Per Claim or Incident Limit</u>	<u>Other Options</u>
Policy Level Limits	\$ _____	\$ _____	\$ _____	_____

Enter any further commentary about desired coverage options.

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy or bond. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy or bond of a claim or potential claim.

FRAUD WARNING STATEMENTS

NOTICE: It is a crime to knowingly provide false, incomplete or misleading information to or to conceal information from an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn. Inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately, and, if necessary, any outstanding quotation may be modified or withdrawn.

DECLARATION AND SIGNATURE

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a Policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such Policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the risk manager, in-house General Counsel, CIO, CISO, CPO; or a senior officer of the Named Insured, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Print Name	Title	Signature
------	------------	-------	-----------

PLEASE NOTE: ONLY DULY LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

Schedule 1 - Proposed Insured Mutual Funds

<u>Name</u>	<u>Date Created or Acquired</u>	<u>Total Assets End of Last Quarter</u>	<u>Year-over- Year Change</u>	<u>Management Expense Ratio (MER)</u>	<u>Turnover Rate</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

This information is attached to and forms a part of the Application.