

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY**

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

- Every applicant is required to complete the General Information section. All applicants must sign and date the application.
- The following coverage options are available under this policy. Please check the boxes below for the coverages, limits and retentions desired and complete the applicable sections of this application as instructed.

<input type="checkbox"/> Section II – Investment Advisor Professional Liability	Limit of Liability: \$ _____	Retention: \$ _____
<input type="checkbox"/> Section III – Mutual Fund Liability	Limit of Liability: \$ _____	Retention: \$ _____
<input type="checkbox"/> Section IV – Hedge Fund or Private Investment Fund Liability	Limit of Liability: \$ _____	Retention: \$ _____
<input type="checkbox"/> Section V – Management Liability	Limit of Liability: \$ _____	Retention: \$ _____
Choose one: <input type="checkbox"/> Publicly Held Investment Advisors		
<input type="checkbox"/> Privately Held Investment Advisors		
<input type="checkbox"/> Section VI – Employment Practices Liability	Limit of Liability: \$ _____	Retention: \$ _____
<input type="checkbox"/> Section VII – Fiduciary Liability	Limit of Liability: \$ _____	Retention: \$ _____

**NOTE:** As used in this application, the term “Subsidiary” includes limited liability companies. Please answer questions accordingly.

**SECTION I GENERAL INFORMATION**  
Every applicant must complete in full

- Name of Parent Company: \_\_\_\_\_
  - Address: \_\_\_\_\_  
\_\_\_\_\_
- Web Site Internet Address: \_\_\_\_\_
- The Parent Company has continuously been in business since: \_\_\_\_\_
- Please select one of the following boxes that describes the Parent Company entity:
  - Investment Advisor
  - Mutual Fund
  - Hedge Fund or Private Investment Fund
  - Other (describe): \_\_\_\_\_
- Complete the following for the Parent Company and its Subsidiaries proposed for this insurance.
 

(a) Employee census:	Portfolio Managers	_____
	Traders	_____
	Research Staff	_____
	Sales/Marketing	_____
	Compliance Staff	_____
	Other* _____	describe: _____
	<b>Total # Employees</b>	_____

  - Number of offices:
 

Located within Canada	_____
Located within the United States	_____
Located outside Canada or the U.S.	_____

**Please provide a list of all office locations.**

6. (a) Prior Insurance Program

	Limit	Retention	Insurer	Exp. Date
Investment Advisor Professional Liability Insurance (E&O)	\$	\$		
Management Liability Insurance (D&O)	\$	\$		
Employment Practices Liability Insurance (EPL)	\$	\$		
Fiduciary Liability Insurance	\$	\$		
Fund E&O/D&O	\$	\$		
Fidelity Bond	\$	\$		
General Liability Insurance	\$	\$		

(b) Has any insurer declined, canceled or refused to renew any of the coverages listed above?  Yes  No  
**If yes, attach full details**

7. Please provide the following for the most recent fiscal year:

- a. Fees for Investment Advising Services: \$ \_\_\_\_\_
- b. Other Income: \$ \_\_\_\_\_
- c. Please describe the sources of Other Income: \_\_\_\_\_

8. Do the Parent Company and its Subsidiaries specialize in any particular investment style(s) or strategy(ies)? *If yes, attach full details.*  Yes  No

9. Does the Parent Company, any Subsidiary of the Parent Company, or any Hedge Fund or Private Investment Fund recommend or invest in the following?  Yes  No

***If yes for any, please indicate the percentage (%) relative to total assets in all Funds and attach a description of the valuation procedures utilized.***

- a. Below investment grade bonds (*BBB or lower*) \_\_\_\_\_ %
- b. Commodities \_\_\_\_\_ %
- c. Currency Futures (Non-Hedging) \_\_\_\_\_ %
- d. Precious Metals \_\_\_\_\_ %
- e. Canadian Securities \_\_\_\_\_ %
- f. U.S. Securities \_\_\_\_\_ %
- g. Derivatives (Non-Hedging) \_\_\_\_\_ %
- h. Distressed Securities (issued by a company expected to undergo restructuring or bankruptcy) \_\_\_\_\_ %
- i. Other Funds: \_\_\_\_\_ %
- j. Other Investment Managers \_\_\_\_\_ %

10. (a) Has the Parent Company or its Subsidiaries been involved in any acquisition, merger, consolidation, or divestiture during the past three (3) years? *If yes, attach full details.*  Yes  No

(b) Does the Parent Company or its Subsidiaries have under consideration any acquisition, tender offer, merger, consolidation, or divestiture; or purchase or sale of assets exceeding ten percent (10%) of consolidated assets? *If yes, attach full details.*  Yes  No

11. Please provide the following information with your application. *Note that the Insurer may elect to obtain certain requested information from public sources, including the internet.*

- (a) For each Investment Advisor proposed for insurance, please provide:
  - a copy of the most recent complete Form 3 registration report for Investment Advisors, or equivalent, in the province or territory in which the Investment Advisor is be registered, together with any updated registration reports, schedules and supplements
  - copies of all types of brochures and sales material provided to clients or prospective clients
  - copies of all types of standardized management contracts
  - annual and cumulative portfolio performance history for the most recent five (5) years, including comparisons to appropriate indices and whether performance figures are gross or net of fees
  - a copy of any deficiency letter from the most recent audit by the SEC, the OSC or any federal, provincial or territorial counterpart thereof and management's response letter
  - copies of the most recent annual financial statements
  
- (b) For each Mutual Fund proposed for this insurance, please provide:
  - a copy of the most recent prospectus
  - copies of the most recent annual and quarterly audited financial reports
  - a copy of any deficiency letter from the most recent audit by the SEC, the OSC or any federal, provincial or territorial counterpart thereof and management's response letter
  
- (c) For each Hedge Fund or Private Investment Fund proposed for this insurance, please provide:
  - a copy of the offering document
  - a copy of the most recent audited financial report
  - annualized performance history from inception to date
  - written valuation policies and procedures
  
- (d) For coverage sought under the Management Liability Insuring Agreement, please provide:
  - a copy of the most recent annual report of audited Financial Statements (if an Annual Report or audited Financial Statement is not available, attach a copy of the most recent review, compilation of financial statements or budget)
  - a copy of any public documents filed by the company with the Ontario Securities Commission, or any similar federal, provincial, territorial, local or other regulatory agency in the past 18 months.
  - a list of all subsidiaries for which coverage is requested
  - a list of directors and officers of the parent company and its subsidiaries
  
- (e) For coverage sought under the Employment Practices Insuring Agreement, please provide:
  - a copy of the employee handbook and written employment policies if applicable
  
- (f) For coverage sought under the fiduciary Liability Insuring Agreement, please provide:
  - latest cost certificate, audited Financial Statements and most recent actuarial report for each pension plan

<b>SECTION II      INVESTMENT ADVISOR PROFESSIONAL LIABILITY</b> <b>Complete only if this coverage is desired</b>
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**Complete this section for all Investment Advisors, including Subsidiaries, proposed for this insurance.**

1. Please list all Investment Advisors proposed for this insurance. *If there is an additional attachment, check here.*
- 
- 
-

- |  | <b>Most Recent Fiscal Yr End</b> | <b>Prior Fiscal Yr End</b> |
|--|----------------------------------|----------------------------|
| 2. Total asset value of all accounts:                        | \$ _____                         | \$ _____                   |
| 3. Asset value of largest account:                           | \$ _____                         | \$ _____                   |
| 4. Total number of accounts:                                 | # _____                          | # _____                    |
| 5. During the most recent fiscal year, please provide:       |                                  |                            |
| (a) Number of accounts lost, terminated or otherwise closed  | # _____                          |                            |
| (b) Total asset value of lost, terminated or closed accounts | \$ _____                         |                            |
| 6. Please provide an explanation for any lost accounts:      |                                  |                            |

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7. What is the minimum asset value required for new accounts? \$ \_\_\_\_\_

	<b>Number of Accounts</b>	<b>Market Asset Value</b>
	As of _____	As of _____
(a) Individual Accounts	# _____	\$ _____
(b) Trusts	# _____	\$ _____
(c) Registered Employee Retirement Plans	# _____	\$ _____
(d) Employee Benefit Plan	# _____	\$ _____
(e) Non-Registered Pension Plans	# _____	\$ _____
(f) Corporate/Institutional	# _____	\$ _____
(g) Mutual Funds	# _____	\$ _____
(h) Hedge Funds/Private Investment Funds/Partnerships	# _____	\$ _____
<b>TOTAL OF ALL ACCOUNTS</b>	# _____	\$ _____
(i) Discretionary accounts	# _____	\$ _____
(j) Non-discretionary accounts	# _____	\$ _____

9. Does the Parent Company or any Subsidiary manage private account assets of any related or affiliated entities?  Yes  No

**If yes, please state the total amount of assets managed:** \$ \_\_\_\_\_ As of \_\_\_\_\_

10. (a) are clients permitted to select their own brokers for executing trades?  Yes  No  
 (b) Are any client transactions executed by an "in-house" broker-dealer?  Yes  No

**If yes, please provide a copy of the disclosure document distributed to the customer.**

(c) Does the Parent Company or any Subsidiary act as a custodian for any accounts?  Yes  No

11. (a) How frequently are meetings held with clients? \_\_\_\_\_  
 (b) How frequently are financial statements of each client's portfolio produced and sent? \_\_\_\_\_  
 (c) Describe the policies and procedures for timely notification of security transactions and changes in discretionary clients' portfolios: \_\_\_\_\_

12. (a) Is there an internal compliance department or designated employee responsible for monitoring investment and regulatory compliance?  Yes  No  
 (b) Is there an internal audit department?  Yes  No  
 (c) How frequently are individual account reconciliations performed with custodian bank(s)? \_\_\_\_\_

13. Are there formal written procedures in place to ensure:
- (a) accurate pricing of securities?  Yes  No
  - (b) best execution on all security transactions?  Yes  No
  - (c) compliance with the provisions of the Pension Benefits Standards Act, 1985, or a similar law of a province of Canada or ERISA?  Yes  No

14. (a) Is a computer compliance program used to monitor transactions for investment and regulatory compliance?  Yes  No

**If yes:**

- (b) How long has the current system been in place? \_\_\_\_\_
- (c) How often is it tested for accuracy? \_\_\_\_\_
- (d) When was the program last updated? \_\_\_\_\_
- (d) Is the program a pre-trade or post-trade program? \_\_\_\_\_

15. Describe the procedures used for making trading decisions and executions when a portfolio manager is not available:  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Describe the client or account transition procedures used when succeeding another Investment Advisor (i.e., hold harmless): \_\_\_\_\_  
 \_\_\_\_\_

17. Have there been any changes in senior management or portfolio managers within the past twelve (12) months? *If yes, provide full details for each change:*  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT: DO NOT ANSWER QUESTIONS 18 THROUGH 20 OF THIS SECTION IF YOU ARE RENEWING TRAVELERS INVESTMENT ADVISOR PROFESSIONAL LIABILITY INSURANCE COVERAGE.**

18. Has there been, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration proceeding against the Parent Company or its Subsidiaries, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, including any such claim:
- (i) involving any federal, provincial, territorial, state, local or foreign securities law or regulation;
  - (ii) any other material litigation; or
  - (iii) any investigation by the OSC, the SEC or similar provincial, state or foreign agency?  Yes  No

***If yes, please attach full details, including the date, a brief description, and the damages sought or settlement paid, of such claim, and the current status if pending.***

19. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for Investment Advisor professional liability?  Yes  No  
*If yes, attach full details.*

20. Does the Parent Company or its Subsidiaries, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, have any knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim that would fall within the scope of the proposed insurance? *If yes, attach full details.*  Yes  No

**It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against any person proposed for this insurance who knew of such fact, circumstance or situation prior to binding or issuing the proposed policy.**

**SECTION III - MUTUAL FUND LIABILITY**  
**Complete only if this coverage is desired**

1. Complete the following schedule for all Mutual Funds proposed for this insurance.  
**If there is an attachment, please check here.**

Fund Name	Date Established	Current Net Assets	Sales Past 12 Months	Redemptions Past 12 Months
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

2. (a) Name of the Investment Advisor and/or sub-advisor of the Mutual Fund(s) proposed for coverage: \_\_\_\_\_
- (b) Name of transfer agent: \_\_\_\_\_
- (c) Name of accountant: \_\_\_\_\_
- (d) Has any Mutual Fund changed firms for any of the services listed in (a) through (c) above in the past twelve (12) months?  Yes  No
- If yes, please provide details of each such change:* \_\_\_\_\_

3. Does the law firm acting as general counsel supply a written legal opinion in connection with any change in investment or management policy?  Yes  No

4. (a) Name of distributor/underwriter for the Mutual Fund(s) proposed for coverage: \_\_\_\_\_
- (b) Is coverage desired for this organization?  Yes  No

**If no, proceed to the next numbered question in this section.**

- (c) How many notices, letters or complaints have been received in the past three (3) years by the distributor/underwriter proposed for coverage? # \_\_\_\_\_

**Attach full details of any instances that have resulted in monetary settlements in excess of \$5,000.**

- (d) Describe the measures instituted by the distributor for verifying customer orders and determining that confirmations are accurate and timely: \_\_\_\_\_

5. Does any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, or management committee member (as a group) of any Mutual Fund for which coverage is being requested own five percent (5%) or more of the outstanding shares of any Mutual Fund?  Yes  No
- If yes, please provide the name(s) and percentage(s) owned:** \_\_\_\_\_

6. (a) Have there been any changes or modifications in the investment restrictions or limitations of any Mutual Fund during the past two (2) years?  Yes  No
- If yes, provide full details:* \_\_\_\_\_

- (b) Have there been any material changes in the administrative operations or investment policies of any Mutual Fund during the past two (2) years?  Yes  No
- If yes, provide full details:* \_\_\_\_\_

- (c) Have there been any changes in any Mutual Fund's senior management (Chairman, President, Executive or Senior Officers, etc.) in the past two (2) years?  Yes  No
- If yes, provide full details:* \_\_\_\_\_

7. Does any Mutual Fund or another organization conduct a review of the portfolio managers for compliance with the Mutual Fund's investment guidelines and restrictions?  Yes  No  
If yes, how frequently? \_\_\_\_\_
8. Does any Mutual Fund have under consideration any acquisition, tender offer, merger, consolidation, or divestiture; or purchase or sale of assets exceeding ten percent (10%) of consolidated assets?  Yes  No  
If yes, attach full details.

**IMPORTANT: DO NOT ANSWER QUESTIONS 9 THROUGH 11 OF THIS SECTION IF YOU ARE RENEWING TRAVELERS MUTUAL FUND LIABILITY INSURANCE COVERAGE.**

9. Has there been, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration proceeding, against the Parent Company or its Subsidiaries, any Mutual Fund, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, involving any Mutual Fund?  Yes  No  
**If yes, please attach full details, including the date, a brief description, and the damages sought or settlement paid, of such claim, and the current status if pending.**
10. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for Mutual Fund liability?  Yes  No  
If yes, attach full details.
11. Does the Parent Company or its Subsidiaries, any Mutual Fund, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, have any knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim that would fall within the scope of the proposed insurance?  
If yes, attach full details.

**It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against any person proposed for this insurance who knew of such fact, circumstance or situation prior to binding or issuing the proposed policy.**

**SECTION IV - HEDGE FUND OR PRIVATE INVESTMENT FUND LIABILITY**  
**Complete only if this coverage is desired**

1. Total Hedge Fund or Private Investment Fund Assets Most Recent Fiscal Yr End \$ \_\_\_\_\_ Prior Fiscal Yr End \$ \_\_\_\_\_

2. Complete the following schedule for all Hedge Funds or Private Investment Funds proposed for this insurance.  
**If there is an attachment, please check here.**

Fund Name	Date Opened	Total Assets (\$mm)	Total Equity (\$mm)	General Partner's Equity (\$mm)	Minimum Investment	Strategy
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

3. If any Hedge Fund or Private Investment Fund listed above is employing leverage, please complete the following questions for each fund. **If not, proceed to the next numbered question in this section.**
- (a) What type of leverage is being utilized? \_\_\_\_\_
- (b) How is leverage being monitored? \_\_\_\_\_
- (c) What is the maximum allowable leverage? \_\_\_\_\_
- (d) What is the average leverage utilized? \_\_\_\_\_
4. (a) Name of accountant: \_\_\_\_\_
- (b) Name of law firm acting as general counsel: \_\_\_\_\_

- (c) Name of custodian: \_\_\_\_\_
- (d) Name of prime broker: \_\_\_\_\_
- (e) Name of administrator: \_\_\_\_\_
- (f) Has any Hedge Fund or Private Investment Fund changed firms for any of the services listed in (a) through (e) above in the past two (2) years?  Yes  No
- If yes, please provide details of each such change.*** \_\_\_\_\_

5. Do any Hedge Funds or Private Investment Funds use third-party marketers to attract investors?  Yes  No
- If yes, please list the marketer(s) used:*** \_\_\_\_\_

**IMPORTANT: DO NOT ANSWER QUESTIONS 6 THROUGH 8 OF THIS SECTION IF YOU ARE RENEWING TRAVELERS HEDGE FUND OR PRIVATE INVESTMENT FUND LIABILITY INSURANCE COVERAGE.**

5. Has there been, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration proceeding against the Parent Company or its Subsidiaries, any Hedge Fund or Private Investment Fund, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, involving any Hedge Fund or Private Investment Fund?  Yes  No
- If yes, please attach full details, including the date, a brief description, and the damages sought or settlement paid, of such claim, and the current status if pending.***
7. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for Hedge Fund or Private Investment Fund or General Partner liability?  Yes  No
- If yes, attach full details.***
8. Does the Parent Company or its Subsidiaries, any Hedge Fund or Private Investment Fund, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, have any knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim that would fall within the scope of the proposed insurance?  Yes  No
- If yes, attach full details.***

**It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against any person proposed for this insurance who knew of such fact, circumstance or situation prior to binding or issuing the proposed policy.**

**SECTION V - MANAGEMENT LIABILITY**  
**Complete only if this coverage is desired**

1. Please provide a list of all Subsidiaries and indicate for each one its name, percentage of the Parent Company's ownership or control, nature of business and date acquired or created.
2. Stock
- (a) Total number of voting securities outstanding: # \_\_\_\_\_
- (b) Total number of voting security Shareholders: # \_\_\_\_\_

(c) Total number of voting securities owned directly or beneficially by directors, officers, members of the board of managers, or management committee members: # \_\_\_\_\_

(d) Does any voting security shareholder own five percent (5%) or more of the voting securities, either directly or beneficially?  Yes  No  
**If yes, please provide the name(s) and percentage(s) owned:** \_\_\_\_\_

(e) Are there any other securities convertible to voting stock?  Yes  No  
**If yes, describe fully** \_\_\_\_\_

3. (a) Have there been any offers (including tender offers) or negotiations to offer to purchase five percent (5%) or more of any class of voting stock of the Parent Company or any Subsidiary in the past three (3) years, or are any such offers expected in the future?  Yes  No  
**If yes, attach full details.**

(b) Has the Parent Company or any Subsidiary conducted a private or public offering of its securities within the past twelve (12) months, or is any such offering contemplated within the next twelve (12) months?  Yes  No  
**If yes, attach full details, including the prospectus or private placement memorandum.**

4. Has there been any change in outside auditors in the past three (3) years?  Yes  No  
**If yes, provide full details:** \_\_\_\_\_

**IMPORTANT: DO NOT ANSWER QUESTIONS 5 THROUGH 7 OF THIS SECTION IF YOU ARE RENEWING TRAVELERS INVESTMENT ADVISOR MANAGEMENT LIABILITY INSURANCE COVERAGE.**

5. Has there been, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration proceeding against the Parent Company or its Subsidiaries, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, including any such claim:

- (i) involving any anti-trust law;
- (ii) involving any federal, provincial, territorial, state or local securities law or regulation;
- (iii) involving any shareholder's suit, shareholder derivative suit, representative or class action; or
- (iv) that could have a material impact on the financial condition of the Parent Company or its Subsidiaries, whether or not such claim would be covered under the Management Liability Insuring Agreement?  Yes  No

**If yes, please attach full details, including the date, a brief description, and the damages sought or settlement paid, of such claim, and the current status if pending.**

6. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for directors and officers liability, or management liability?  Yes  No  
**If yes, attach full details.**

7. Does the Parent Company or its Subsidiaries, any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, have any knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim that would fall within the scope of the proposed insurance?  Yes  No  
**If yes, attach full details.**

**It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against any person proposed for this insurance who knew of such fact, circumstance or situation prior to binding or issuing the proposed policy.**

**SECTION VI - EMPLOYMENT PRACTICES LIABILITY**  
**Complete only if this coverage is desired**

1. (a) Number of full and part-time employees, including officers: \_\_\_\_\_  
(b) How many employees, including officers, have been involuntarily terminated in the past two years? \_\_\_\_\_  
(c) How many employees, including officers, have voluntarily terminated their employment in the past two years? \_\_\_\_\_

(d) Number of employees with total annual compensation greater than \$100,000: \_\_\_\_\_

(e) What percentage of your employees are subject to a collective bargaining agreement? \_\_\_\_\_

2. Are all employment practice guidelines, policies and procedures reviewed by an attorney with experience in employment law? *If no, attach details.* Yes  No

3. Does the Parent Company or its Subsidiaries have written guidelines, policies or procedures that address Human Resource or Personnel Management in the following areas: *If no to any item listed below, attach details.*

(a) Hiring/Interviewing Yes  No

(b) Salary Administration Yes  No

(c) Performance Appraisal/Review Yes  No

(d) Discipline Yes  No

(e) Discharge/Termination Yes  No

(f) Accommodating the disabled Yes  No

(g) Reporting, investigating and resolving employee complaints Yes  No

(h) Discrimination and workplace harassment (including sexual harassment) Yes  No

If yes, are employees required to indicate, by signature, that they acknowledge such guidelines, policies or procedures? Yes  No

If yes, how often is such acknowledgement reaffirmed? \_\_\_\_\_

4. Does the Parent Company or its Subsidiaries have an employment handbook or written policies that address employment practices or procedures? Yes  No

(a) Are employees required to indicate, by signature, that they have received such employment handbook? Yes  No

(b) Does the employment handbook contain a clear statement that it is not an employee contract? Yes  No

When did you last update your employment handbook or written employment policies? \_\_\_\_\_

5. Have there been any employee layoffs, terminations, workforce reductions or retirements resulting from any type of organization restructuring or office, branch or facility closing within the past twelve months or are there any anticipated within the next twelve months? Yes  No

*If yes, attach details, including the date, number of employees involved, job categories involved and the terms of severance.*

outside legal counsel Yes  No

**IMPORTANT: DO NOT ANSWER QUESTIONS 6 THROUGH 8 OF THIS SECTION IF YOU ARE RENEWING TRAVELERS INVESTMENT ADVISOR EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE.**

6. Has there been, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration proceeding, against the Parent Company or its Subsidiaries, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, involving any law related to employment?  Yes  No

***If yes, please attach full details, including the date, a brief description, and the damages sought or settlement paid, of such claim, and the current status if pending.***

7. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for employment practices liability?  Yes  No

***If yes, attach full details.***

8. Does the Parent Company or its Subsidiaries, or any director, officer, general partner, trustee, in-house general counsel, principal, member of the board of managers, management committee member, employee or other person proposed for this insurance, have any knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim involving any law related to employment that would fall within the scope of the proposed insurance?  Yes  No

***If yes, attach full details.***

It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against any person proposed for this insurance who knew of such fact, circumstance or situation prior to binding or issuing the proposed policy.

## SECTION VII - FIDUCIARY LIABILITY

Complete only if this coverage is desired

Complete this section for the Parent Company and its Subsidiaries' Plans proposed for insurance.

1. (a) Has any Plan been terminated, partially terminated or restructured in the past 3 years or is the Parent Company or any Subsidiary contemplating within the next twelve months any Plan termination, partial termination or restructuring that has resulted in, or is expected to result in, any change of benefits? Yes  No
- (b) Are there any overdue employer contributions for any plan? Yes  No   
*If yes to any of the above, attach details.*
2. Complete Schedule "A" for each pension plan and uninsured employee benefit plan for which coverage is requested.

**IMPORTANT: DO NOT ANSWER QUESTIONS 3 THROUGH 5 OF THIS SECTION IF YOU ARE RENEWING TRAVELERS INVESTMENT ADVISOR FIDUCIARY LIABILITY INSURANCE COVERAGE.**

3. Has there been, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration proceeding, against the Parent Company or its Subsidiaries, any Plan, or any director, officer, general partner, trustee of any Plan, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, involving any Plan of the Parent Company or its Subsidiaries?  Yes  No  
*If yes, please attach full details, including the date, a brief description, and the damages sought or settlement paid, of such claim, and the current status if pending.*
4. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for fiduciary liability or employee benefits liability?  Yes  No  
*If yes, attach full details.*
5. Does the Parent Company or its Subsidiaries, any Plan, or any director, officer, general partner, trustee of any Plan, principal, member of the board of managers, management committee member, employee or any other person proposed for this insurance, have any knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim that would fall within the scope of the proposed insurance?  Yes  No  
*If yes, attach full details.*

It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against any person proposed for this insurance who knew of such fact, circumstance or situation prior to binding or issuing the proposed policy.

## AUTHORIZATION

The undersigned authorized representatives of the Parent Company represent, after inquiry, that the statements and representations set forth in this application, and all materials submitted to or requested by the Insurer in conjunction with this application, are true. The undersigned authorized representatives acknowledge that these statements, representations, and materials are relied on by the Insurer and that they are deemed material to the acceptance of the risk or hazard assumed by the Insurer under the insurance applied for, should the insurance be effected. The undersigned authorized representatives agree that if the information supplied via this application changes between the date of this application and the effective date of any insurance effected pursuant to this application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to effect the insurance.

Signing of this application does not obligate the Parent Company or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this application, are hereby incorporated by reference into this application and made a part hereof. It is further agreed that this application and all materials submitted to or requested by the Insurer in conjunction with this application are the basis of and are deemed attached to and incorporated into the policy effected pursuant to this application. The insurer is hereby authorized to make any investigation and inquiry in connection with this application.

**REQUIRED COMPLETION**

Parent Company		
Signature of Officer in Charge of Human Resources (only if Employment Practices Liability Insurance is requested)	Title	Date Signed
Signature of Chairman or President	Title	Date Signed

**SCHEDULE "A"**  
**Fiduciary Coverage Table**

<b>Plan Type</b>	<b>Full name of Plan:</b>		
<input type="checkbox"/> Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Employee Profit Share / Stock Ownership Plan <input type="checkbox"/> Life / Accident / Sickness <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Health / Dental / Vision <input type="checkbox"/> Other (describe) _____ _____	Year established:	Country:	Sponsor Type: <input type="checkbox"/> Single Employer Plan <input type="checkbox"/> Multi-Employer Plan
	Total number of participants:		Number of U.S. participants:
	Total Assets:	(a) Current Market Value \$ _____	Date of Valuation: _____
		(b) Book Value \$ _____	
		(c) Surplus / Deficit Amount \$ _____	
	Plan Administrator: _____ Investment manager: _____		
Are all investment decisions made by the Investment manager indicated above?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Plan adequately funded as attested to by an actuary?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If No, provide details: _____</li> <li>If No, and Plan is a Defined Benefit pension, when will funding be achieved? _____</li> </ul>			
Has a review of the Plan revealed any prohibited transactions or violations of party-in-interest rules?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If Yes, provide details: _____</li> </ul>			

<b>Plan Type</b>	<b>Full name of Plan:</b>		
<input type="checkbox"/> Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Employee Profit Share / Stock Ownership Plan <input type="checkbox"/> Life / Accident / Sickness <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Health / Dental / Vision <input type="checkbox"/> Other (describe) _____ _____	Year established:	Country:	Sponsor Type: <input type="checkbox"/> Single Employer Plan <input type="checkbox"/> Multi-Employer Plan
	Total number of participants:		Number of U.S. participants:
	Total Assets:	(a) Current Market Value \$ _____	Date of Valuation: _____
		(b) Book Value \$ _____	
		(c) Surplus / Deficit Amount \$ _____	
	Plan Administrator: _____ Investment manager: _____		
Are all investment decisions made by the Investment manager indicated above?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Plan adequately funded as attested to by an actuary?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If No, provide details: _____</li> <li>If No, and Plan is a Defined Benefit pension, when will funding be achieved? _____</li> </ul>			
Has a review of the Plan revealed any prohibited transactions or violations of party-in-interest rules?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If Yes, provide details: _____</li> </ul>			