



Investment Management Insurance Proposal Form

SECTION I. GENERAL INFORMATION

Applicant (Manager and/or Fund): _____

Applicant Address: _____

Parent Company of Applicant: _____

Year Established:		U.S. SEC Registered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asset Under Management:	\$	AIFM Registered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Assets:	\$	Employees:	(US)	(non-US)
Annual Revenues:	\$	Website:	www.	
Name of external auditor:		Changes in last 3 years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of outside legal counsel:		Changes in last 3 years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach the following when requesting coverage for:

- Standard client engagement letter / investment management agreement
- Latest Fund Report and performance history compared to benchmark for each fund / composite (1 and 3 yrs)
- Any general communications or publications made to clients or investors over the past eighteen (18) months
- Organization chart of the Manager and each Fund
- Applicant's audited financials
- Each fund's most recent prospectus, private placement memorandum, or other offering documents
(OR complete the Fund Summary attached to this Proposal)
- Applicant's employee handbook
(if requesting coverage for Entity Employment Practices Liability)

SECTION II. PROFESSIONAL CIVIL LIABILITY COVERAGE

Please complete this section only if coverage is requested for the investment manager:

1. Fee-based revenue segment by type:

Fee-Based Revenue Type	Current Year	Previous Year
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2. Assets under management detail:

Type of Assets Managed	Current Year	Previous Year
Total assets under management (AUM)	\$	\$
Total AUM in funds	\$	\$
Total AUM in individual accounts (retail)	\$	\$
Total AUM in individual accounts (institutional)	\$	\$
Total AUM managed on a non-discretionary basis	\$	\$
AUM (est.) invested in unlisted securities:	Current Year	Previous Year
a) Real Property	\$	\$
b) Private Equity / Venture Capital	\$	\$
c) Others	\$	\$

3. Client type:

	Market Value	Number of Accounts	
		Current Year	Previous Year
Individual - Retail	\$		
Individual - Corporate/Institutional	\$		
Mutual Fund	\$		
ETFs	\$		
REITs	\$		
Hedge Funds	\$		
Private Equity / Venture Capital	\$		
Other (i) – Specify:	\$		
Other (ii) - Specify:	\$		

4. Client geography:

Geography	Current Year	Previous Year
North America (US and Canada)	%	%
United Kingdom & European Continent	%	%
Australia & New Zealand	%	%
Rest of World	%	%

5. Confirm the Applicant does NOT accept the investment amount lower than USD 50,000 from retail investor to invest in any alternative investment (i.e. unlisted securities). Yes No
6. Is the Applicant licensed or authorized to conduct investment advisory services in all jurisdictions in which it is active? Yes No
7. Does the Applicant use standard written contract which contains (i) detailed terms and conditions of the services provided and (ii) indemnities clause or limitation of liability? Yes No
8. Are all client literature and communications signed off by the legal and/or compliance departments? Yes No
9. Does the Applicant maintain an approved list of securities in retail client portfolios? Yes No
10. Does the Applicant have procedures and systems in place to ensure trading policies Yes No

and dealing limits are clearly defined and communicated to relevant employees, and subsequently enforced?

11. Are procedures in place to monitor any unauthorized trading or trading errors and where necessary, corrections as they occur? Yes No
12. Does procedures in place to ensure the best trade execution standard are adhered to? Yes No
13. Does the Applicant use a 3rd party service to provide valuations on all unlisted securities? Yes No
14. Confirm that the Applicant has NOT liquidated, frozen, or suspended any redemptions, on any funds, or foresees any liquidation, freezing or restructuring of any funds over the next 18 months? Yes No
15. If the Applicant has Private Equity operation: *(please leave it blank if it is not applicable)*
- a) Confirm that leveraged dividends are not provided to limited partners Yes No
- b) Professional services are only provided to funds and portfolio companies. Yes No

If "No", is answered to any of the above, please attach complete details.

SECTION III. MANAGEMENT LIABILITY COVERAGE

Please complete this section only if coverage is requested for the investment manager.

1. What is the equity ownership of the Applicant by its directors and officers: _____ %
2. Confirm the Applicant or any other entity is NOT currently undergoing, or contemplating undergoing during the next 12 months:-
- a) Any employee layoffs or retrenchments, including ones resulting from any type of company restructure or office closures? Yes No
- b) Any offering of public or private securities or a merger, acquisition, or consolidation? Yes No
3. If the Applicant has Private Equity operation: *(please leave it blank if it is not applicable)*
- a) Confirm NO portfolio company is in breach of any covenants under its lending agreements, and/or in bankruptcy or in the process of liquidation or dissolution (or contemplating any of the foregoing)? Yes No
- b) Confirm NO portfolio companies are publicly-held or are anticipating an IPO next year? Yes No

If "No", is answered to any of the above, please attach complete details.

SECTION IV. FUND COVERAGE

Please complete this section only if coverage is requested for Fund. (Professional Civil Liability & Management Liability)

1. There have NOT been any changes during the past 12 months :-
- a) in the composition of any boards. Yes No
- b) in the investment restriction or liquidity provisions of any fund. Yes No
2. Confirm there are NO funds proposed for coverage being wound down or liquidated or anticipated to be wound down or liquidated in the next 18 months. Yes No
3. The manager can change the lock up periods of redemption in the mid-term without getting the consent of investor? Yes No

If "No", is answered to any of the above, please attach complete details.

SECTION V. CRIME PROTECTION

Please complete this section only if coverage is requested.

1. As respects to the Applicant, please complete the following information:

	Current Year	Previous Year
Employee turnover	%	%
Number of branch/office locations - home country		
Number of branch/office locations – overseas <i>Please list out the locations:</i>		
Approximate annual value of fund transfers	\$	\$
Number of internal audit staff		
Number of authorized person who can approve the fund transfer over USD 25,000		
Number of sign offs are required for any payment over USD 100,000		

2. Do internal auditors audit all locations at least every 24 months? Yes No
3. Do external auditor audits the Applicant at least every 12 months? Yes No
4. Are criminal background checks performed on all new hires? Yes No
5. Does the mandatory block leave policy of at least 2 weeks apply for all employees? Yes No
6. Are the segregation of duties enforced so that no employee is permitted to control any transaction from commencement to completion? Yes No
7. Are all fund transfer instructions subject to a verification and authentication process? Yes No
8. Are all fund transfer control measures consistent across all office/branch locations? Yes No
9. Have all employees been made aware of the risks of fraudulently induced payment scams such as "CEO Fraud", "Fake Presidents", "Business E-Mail Compromise", and fraudulent vendor invoices and vendor payment diversion? Yes No
10. Are background checks performed on new vendors in terms of :-
 - Ownership Yes No
 - Physical address and Financial Capability Yes No

If "No", is answered to any of the above, please attach complete details.

SECTION VI. CYBEREDGE FOR DRAGONSHIELD IMI ENDORSEMENT

Please complete this section only if coverage is requested

1. Does the Applicant have security controls like anti-virus protection and encryption on all computers systems? Yes No
2. Does the Applicant have access controls in place for employees and other users with privileged access to sensitive data? Yes No
3. Does the Applicant have backup and recovery procedures for all mission critical systems and data and information assets? Yes No
4. Does the Applicant share the data / network server with any parent / affiliated company? Yes No

If "No", is answered to any of the above, please attach complete details.

SECTION VII. CLAIMS & INSURANCE COVERAGE DETAILS

If current coverage details are not already attached to the **Submission**, please complete Current Coverage Summary attached at the end of this proposal.

1. Has the Applicant or any of its directors or officers ever had any Insurer decline a proposal or cancel or refuse to renew insurance which is contemplated under the proposed insurance policy? Yes No

2. **Claim & Loss Information:**

a) Does any person or entity proposed for coverage know of or have information about any pending or prior claim, suit, regulatory action or other proceeding, inquiry or investigation (any of which being a "Known Claim") of, or against, any insured for any coverage requested in this proposal form? Yes No

b) Does any person or entity proposed for coverage know of or have information about any act, error, omission or circumstance (any of which being a "Potential Exposure") which would lead a reasonable person to believe that such Potential Exposure might give rise to a claim, suit, regulatory action or other proceeding, inquiry or investigation of or against any proposed insured? Yes No

c) Has any person or entity proposed for coverage: (i) been involved in any antitrust, copyright or patent litigation; (ii) been charged in any civil, criminal, administrative or regulatory action or proceeding, with a violation of any Hong Kong or state or foreign law (whether national or federal), rule or regulation governing antitrust, fair trade or securities; or (iii) been involved in any representative actions, class actions, or derivative suits (any of which in (i), (ii) or (iii) being a "Prior Action")? Yes No

d) List all Crime losses during the last five (5) years ONLY IF Crime coverage is sought. If none, please check "N/A" box: N/A

Nature of Loss	Location	Amount of Loss (\$)	Date of Discovery

Answer the Question e) and f) ONLY IF CyberEdge for Dragonshield IMI cover is sought:

e) During the past three (3) years, has the Applicant experienced any occurrences, claims or losses related to a failure of security of the Applicant's computer system or does the Applicant have knowledge of a situation or circumstance (any of which being a Potential Exposure) which might otherwise result in a loss for the proposed insured? Yes No

f) The Applicant has sustained any single loss or losses including any administrative fine of a type covered by a data protection insurance policy for this which the proposal from has been completed. Yes No

If "Yes" is answered to any of the above, or if there have been Crime losses, please attach complete details.

It is agreed that if any such Known Claim, Potential Exposure, or Prior Action exists, then, unless the resulting insurance policy provides otherwise, such policy shall not provide coverage for any loss in connection with such Known Claim, Potential Exposure, or Prior Action.

SECTION IX. DECLARATION

The undersigned President, Chairman of the Board, Chief Executive Officer, or Chief Financial Officer of the Applicant confirms that he/she is authorised to sign and bind alone on behalf of the Applicant and:

- Declares that this **Submission** has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted. A material fact is one that would influence the acceptance or assessment of the risk; and
- Agrees that if the information supplied in this **Submission** changes between the date of this proposal and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance; and
- Signing of this proposal does not bind the Applicant or the Insurer to complete the insurance, but it is agreed that this proposal and **Submission** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

Signed : _____
(Applicant)

Date : _____

Title : _____
(Must be signed by President, Chairman, Chief Executive Officer or Chief Financial Officer)

Appendix II: Portfolio Company Summary (applicable only for Private Equity / Venture Capital) *(please add additional attachments as needed)*

Name of Portfolio Company(ies)	Country of main operation	Industry	Public Traded Company (Y/N) and where	Positive Net Equity (Y/N)	Date of Acquire	Investment Cost (USD)	Internal Rate Of Return (IRR) -%	Any Board Seat (Y/N)	Any D&O insurance in place? If yes, please provide the limit and the insurer.

Appendix III: Current Coverage Summary:

	Coverage	Does the Applicant currently have such insurance in place? Y/N	Current Policy Expiration	Current Limit	Current Retention	Carrier	Continuity or Retroactive Date
Investment Manager	Professional Civil Liability						
	Management Liability						
	Crime						
Fund	Professional Civil Liability						
	Management Liability						
	Crime						