

Fund Directors and Officers Insurance

PROPOSAL FORM

Important

Please answer all questions from each section and complete in block capitals. Tick the appropriate boxes where necessary and supply any further information requested. If there is insufficient space to complete any answer, please continue at the end of this form or on a separate sheet of paper

Even if some or all of the answers can be given by reference to your website, you should nonetheless set out your full answers here and also provide us with any other material information that you know or ought to know following a reasonable search of information available to you. Please take all reasonable care to answer all of the questions honestly, clearly and to the best of your knowledge. If you do not answer all the questions correctly, or the declaration honestly, your policy may be cancelled and any claim rejected or not fully paid.

The completion and signature of this proposal form does not bind the proposer or Travelers Insurance Company Limited to complete a contract of insurance.

Please refer to the policy wording for details of the cover provided.

Name

Year Established

Number of Directors

Fund Strategy and
Current Funds
Under Management

Registered Address

Postcode

Acceptance Criteria

A quotation may be issued on the basis that you meet certain criteria. Please **tick the box** below to confirm that you meet all of the acceptance criteria.

<input checked="" type="checkbox"/>	The applicant is a fund domiciled in the UK, Jersey and Guernsey, European Union, Cayman Islands or Bermuda.
<input checked="" type="checkbox"/>	The fund is not a private equity fund, venture capital fund, property fund or fund of funds.
<input checked="" type="checkbox"/>	The fund has an independent third party administrator which values the fund and provides Net Asset Value calculations to investors.
<input checked="" type="checkbox"/>	The fund has an independent custodian who holds the assets of the fund.
<input checked="" type="checkbox"/>	The fund is and any sub funds are independently audited by one of the following firms: PwC, KPMG, Deloitte, Ernst & Young, Grant Thornton, PKF, or BDO Stoy Hayward. The accounts have never been qualified.
<input checked="" type="checkbox"/>	The fund has performed above its benchmark for at least three years.
<input checked="" type="checkbox"/>	The fund strategy is invested entirely in Level 1 or Level 2 assets as defined within the IFRS.

<input checked="" type="checkbox"/>	The fund has not seen redemptions of more than 20% in a single year for at least 3 years.
<input checked="" type="checkbox"/>	The fund has at least 3 Directors who get paid a fee of at least USD 5,000 annually each and have attended all board meetings for the last 12 months.
<input checked="" type="checkbox"/>	The fund has no more than 25% of its investors who are domiciled in the USA, its territories or protectorates.
<input checked="" type="checkbox"/>	There are no current or past claims, or circumstances which may reasonably be expected to give rise to a claim, currently or previously made against the Directors or any past Directors of the fund.
<input type="checkbox"/>	I Confirm

Note: If you cannot answer "I Confirm" to all of the applicable criteria we may still be able to provide a quotation. Please provide full details below where you do not meet the required criteria and explain your alternative process or control which will then be considered by your underwriter. You may be asked to complete an Investment Management Proposal Form (TRV0475).

Please state the date from which you first purchased this type of insurance.
If this application is the first purchase then state 'N/A'.

Inception Date

Please advise the date from which cover is required
(Note: this cannot be (1) earlier than the date on which this form is signed, or (2) more than 30 days after the date on which this form is signed).

Please confirm the Limit of Indemnity and retention you require below:

Limit of Indemnity

Retention

Each and every claim

Declaration

Must be signed by a Principal/Partner/Member/Director or functional equivalent

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this proposal form are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this proposal form has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We also declare that no other insurer has ever declined a proposal, declined to pay a claim in full or in part, cancelled or declined to renew my/our insurance or invited renewal at special terms.

I/We declare that no partner or director has ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence or "spent" conviction as allowed for under the Rehabilitation of Offenders Act 1974, been declared bankrupt whilst being a director of a company that went into liquidation, receivership or administration or been disqualified from being a director.

I/We declare that I/We have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers Insurance Company Limited.

I/we have read the above and declare that to the best of my/our knowledge and belief the statements are true and complete.

Signature of the Proposer

Print name and position held

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For and on behalf of

	Date
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NO COVER IS IN FORCE UNTIL CONFIRMED BY THE COMPANY

Using Personal Information

How we treat information about you and your rights under data protection legislation

In order to provide our insurance services, we (Travelers Insurance Company Limited acting as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

If your policy includes motor cover, your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC).

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click <http://www.travelers.co.uk/main/privacy-policy.aspx>

travelers.co.uk

Travelers Insurance Company Limited, 61-63 London Road, Redhill, Surrey, RH1 1NA

Travelers Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Registered Office: One Creechurch Place, Creechurch Lane, London, EC3A 5AF. Registered in England 1034343

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