



Financial Institution Bond Coverage For A Form 14
For Asset Managers Application

Travelers Casualty and Surety Company of America

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Name of Insured & other requested insured entities: (hereinafter "Applicant") Date Business Started (mm/dd/yyyy):

Mailing Address:

City: State: Zip:

Name of current Insurer:

If coverage is being requested on subsidiaries, list them in the space provided below and provide a brief description of their operations:

[Empty space for listing subsidiaries]

Has there been any change in the Applicant's ownership or management within the past three years? [] Yes [] No

LIMITS INFORMATION

Table with 3 columns: Insuring Agreement, Current Limit, Current Deductible. Rows include Basic Coverages (Fidelity, Forgery, Securities, etc.) and Other Insuring Agreements.

EXPOSURE INFORMATION

- 1. Show the total number of the Applicant's:
a. Salaried officers and employees, partners, persons provided by employment contractors (not including Registered Representatives)
b. FINRA Registered Representatives
c. Additional Locations other than the Home Office of the first Named Insured in the U.S., Canada, and U.S. Territories
d. Other Locations (Please list in Additional Information area)

2. Provide information for the Applicant's total assets under management:
Table with 4 columns: Total Assets Under Management, Current Month, As of 12 months ago, As of 24 months ago.

3. What percentage of the total assets under management shown in #2 above are held in actual physical custody by the Applicant? %

4. Is the Applicant a member of the Financial Institution Regulatory Authority (FINRA)? [] Yes [] No

TRANSFER CONTROLS INFORMATION

APPLICANT'S VENDOR CONTROLS

- 5. Does the Applicant have written procedures in place to verify the authenticity of invoices and other payment requests received from a vendor? Yes No
- 6. Does the Applicant have written procedures in place to verify the receipt of services, supplies, or goods against an invoice prior to making payment to a vendor? Yes No
- 7. Does the Applicant confirm all changes to vendor details (including routing numbers, account numbers, telephone numbers and contact information) by a direct call using the contact number previously provided by the vendor before the request was received? Yes No
(If Yes, please answer parts a. and b. below. If No, please attach a summary of the Applicant's procedures)
 - a. Does the Applicant refrain from implementing any such change requests until the Vendor has responded to the Applicant's inquiry regarding change request authenticity? Yes No
(If No, please attach a summary of the Applicant's procedures)
 - b. Does the Applicant confirm all such change requests made by a Vendor with an individual (at the Vendor) other than the individual who requested the change? Yes No
(If No, please attach a summary of the Applicant's procedures)

FUNDS TRANSFER PAYMENT INSTRUCTION CONTROLS

- 8. Does the Applicant have written procedures in place to verify the authenticity of any payment or funds transfer request received from another employee of the Applicant authorized to release payments or funds? Yes No
If Yes:
 - a. please attach such procedures.
 - b. Are all such procedures performed consistently across all subsidiaries, departments, and locations? Yes No
 - c. Are all such procedures performed on every request? Yes No*If No, please explain:* _____
- 9. Does the Applicant have a written agreement with its customers outlining specific requirements or instructions for all electronic funds transfer requests? Yes No
If Yes, please attach a copy of the agreement. If No, explain: _____
- 10. Does the Applicant have established out-of-band processes to verify funds transfer instructions as well as any changes to a customer's account/banking information? Yes No
If Yes, please indicate which of the following are used: (check all that apply)
 - Using voice authentication technology
 - Calling a customer at a predetermined telephone number
 - Sending a text message to a predetermined cellular number
 - Using token technology
 - Some other method *(please attach description)*
 - None. No authentication is performed
- 11. Are the Applicant's employees who are responsible for fund transfer requests periodically trained to detect fraudulent requests? Yes No

AUDIT INFORMATION

- 12. Scope of independent financial statement preparation for the Applicants' own assets:
 Internal CPA Compilation CPA Review CPA Audit None
- 13. Name and location of CPA: _____
- 14. Has the Applicant changed outside auditors in the last 3 years? N/A Yes No
If Yes, please attach an explanation.

15. Scope of independent financial statement preparation for any private funds sponsored or managed by the Applicant:
 CPA Compilation CPA Review CPA Audit None
16. Have outside auditors stated that there are any significant deficiencies and/or material weaknesses in the Applicant's system of internal controls? N/A Yes No
If Yes, please attach an explanation and provide the latest CPA letters to management and management's response.
17. Has the Applicant implemented all material recommendations of the auditor? N/A Yes No
If No, please attach an explanation.
18. Is the audit report rendered directly to all partners (if a partnership), members (if an LLC), or to the Board of Directors (if a corporation)? Yes No

INTERNAL CONTROLS (OTHER THAN AUDIT INFORMATION)

19. Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
If No, please attach an explanation.
20. Over what dollar limit is countersignature of checks required? \$ _____
21. Are monthly statements (whether or not there was activity in the account) provided directly to all customers by a third-party custodian? Yes No
If No, please attach an explanation.
22. Which of the following mechanisms does the Applicant have in place to mitigate fraud? *(check all that apply)*
- | | |
|--|--------------------------|
| Internal audit department | <input type="checkbox"/> |
| Internal fraud reporting procedure for employees | <input type="checkbox"/> |
| Whistleblower hotline | <input type="checkbox"/> |
| Some other method <i>(please attach description)</i> | <input type="checkbox"/> |
| None | <input type="checkbox"/> |

OUTSIDE SERVICE PROVIDERS

23. Please complete the following *(attach additional sheets if necessary)*

Service Provider	Name	Years Engaged	Is this entity affiliated with the Applicant?
Custodians			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fund Administrators			<input type="checkbox"/> Yes <input type="checkbox"/> No
General Distributors			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sub-Advisors			<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance Consultants			<input type="checkbox"/> Yes <input type="checkbox"/> No
IT Consultants			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other <i>(please describe)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS INFORMATION

24. Has the Applicant had any losses, whether reimbursed or not, over the past three years? Yes No
If Yes, please attach a list showing the date of the loss, a description of the loss, the amount of the loss, and the amount paid by insurance (if any).

REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents:

- Copy of the most recent CPA Audited Financial Statement for the Applicant (if available)
- Copy of the most recent CPA Audited Financial Statement for any private funds sponsored or managed by the Applicant (if applicable)
- Copy of the most recent CPA Letter to Management with regards to internal control, including management's response (if applicable)

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

ADDITIONAL INFORMATION
