

DATE: \_\_\_\_\_



\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

## Application for Investment Advisors

Professional Liability     Directors & Officers Liability     Employment Practices Liability     Fiduciary Liability

THE LIABILITY POLICY THAT MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDES CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS AND JUDGMENTS. PLEASE READ THE POLICY CAREFULLY.

### Section I – Applicant Information

Applicant (Full legal name of Registered Investment Advisor or IAR): \_\_\_\_\_

Additional business names: \_\_\_\_\_

Principal business name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Representative authorized to receive notices on behalf of the applicant and all subsidiaries:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Chief Compliance Officer: \_\_\_\_\_  NONE

Outside Compliance Professional: \_\_\_\_\_  NONE

**For purposes of this Application for coverage, “Applicant” means the Parent Company and any Subsidiary listed below, including any limited liability companies and joint ventures for which coverage is desired.**

Please attach the following documents with your application:

1. A brief description of the Applicant’s investment philosophy.
2. Form ADV Part 1 and Form ADV Part 2A: Firm Brochure or  Filed electronically with IARD
3. All supplements, especially Form ADV Part 2B, Brochure Supplement for each IAR or  Filed electronically with IARD
4. Sample client contract(s) for each professional service rendered.
5. A copy of the Applicant’s Balance Sheet and Income Statement (unaudited is acceptable).

## Section II – Current Coverage

If Prior Acts Coverage is desired and the Applicant has maintained continuous claims-made coverage, attach a Certificate of Insurance for current coverage and a copy of the current declarations, policy, and endorsements.

Type of coverage:	Carrier	Limit	Indicate if Separate Limit	Retention	Premium	Expiration
D&O / Management Liability:	_____	\$ _____	NA	\$ _____	\$ _____	_____
Professional Liability:	_____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	_____
Securities Liability:	_____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	_____
Employment Practices Liability:	_____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	_____
Fiduciary Liability:	_____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	_____
Network Security & Privacy Liability:	_____	\$ _____	<input type="checkbox"/>	\$ _____	\$ _____	_____

### Requested Limits and Deductibles:

Requested limits and deductibles below are not guaranteed by the Insurer.

#### Limits requested:

- \$500,000 / \$1,000,000     
 \$1,000,000 / \$1,000,000     
 \$1,000,000 / \$2,000,000  
 \$2,000,000 / \$2,000,000     
 Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_     
 Other: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

#### Deductible requested:

- \$10,000       \$15,000       \$20,000       \$25,000  
 \$50,000       \$75,000       \$100,000

## Section III – General

### General

- Has any insurer declined, cancelled, or non-renewed any Investment Advisor Professional Liability Insurance or any similar insurance on behalf of any Applicant for this insurance? **If yes, attach details.**  Yes  No
- Is any advisory client an investment company (registered or unregistered), REIT, limited partnership, collective investment trust, or any other pooled investment vehicle?  Yes  No
  - If yes, attach details.
  - If no, will the Applicant agree to notify the Insurer within thirty (30) days if the Applicant starts to render services to such a client?  Yes  No
- Does the Applicant act as an advisor or consultant for any Taft-Hartley, union, or governmental employee benefit plans? **If yes, attach a list of accounts and assets.**  Yes  No
- During the past three (3) years, has the Applicant or any affiliate considered or been involved in any attempted or completed merger, acquisition, divestiture, or significant change in principals?  Yes  No
- What percentage of the Applicant's revenue is derived from professional entertainers, celebrities, athletes, or musicians? \_\_\_\_\_%  None
- Does the Applicant provide personal management services such as sports management or bill paying or other concierge services to any client?  Yes  No
- Does the Applicant provide ERISA 3(38) Investment Manager or ERISA 3(21) Limited Scope Fiduciary Services to clients?  Yes  No

If yes, please include the professional service contracts with the submission:

Contract	Regulatory Assets Under Management and Advisement	Number of Accounts
ERISA 3(38) Investment Manager		
ERISA 3(21) Limited Scope Fiduciary		

**Trading Errors**

Before a trade is executed, are there procedures in place to ensure the trade does not violate the investment agreement or that the correct trade amount is being executed?

1. Are there mechanisms or policies in place to quickly identify if a trading error has occurred?  
**If "Yes", attach your policy and procedures.**  Yes  No
2. Has the Applicant had a trading loss in excess of \$5,000 in the past?  
**If "Yes" provide details (i.e. dates, amounts, by whom the loss was paid).**  Yes  No

**List all employed (W-2 and/or K-1) financial advisors:**

CPA firms should list only those that provide financial planning and/or investment advisory services. Independent Contractors (1099) will not be covered and require separate applications or, upon the Applicant's request pending approval, may be added as additional Insureds. (Attach a separate sheet if necessary).

Name of all employed financial advisors	Professional Designations	CRD Number	FPA	NAPFA	Garrett Network	BAM	F1360	Other Associations

**List the entities for which coverage is desired:**

Business Name	Type of Operation	Owned By	% Ownership	Date Acquired	Total Assets	Total Revenue
			%			
			%			
			%			

**Conflict of Interest – Attach any "Yes" response on a separate sheet.**

Does the applicant or any partners, members, managers, officers, directors, employees, or associated professionals:

1. Act as both a trustee and advisor to any client?  Yes  No
2. Act as a director, partner, member, manager, officer, employee, or any other person of control for any organization in which clients are solicited to invest?  Yes  No
3. Advise and/or solicit client to invest in any enterprise in which any former member has more than 5% ownership interest?  Yes  No
4. Advise clients to invest in any enterprise in which another client has more than 5% ownership interest?  Yes  No
5. Act as an advisor to an organization in which the Applicant, or their members or associated persons, have more than 5% ownership interest?  Yes  No
6. Does the Applicant currently use performance-based fees?  Yes  No
  - A. Are all clients exempted from Rule 205(a) or deemed "Qualified Clients"?  Yes  No
  - B. How many clients are subject to performance-based fees? \_\_\_\_\_
7. Does the Applicant use third party solicitors to generate business?  Yes  No
  - A. Is the arrangement in compliance with state or federal regulations?  Yes  No
  - B. Do the solicitors evidence this arrangement to prospective clients?  Yes  No
  - C. How many solicitors are used? \_\_\_\_\_
8. Is any applicant a director, officer, employee, or person in a position of control for any organization or enterprise (including all subsidiaries and affiliates) which is also an advisory client?  Yes  No
9. Is the Applicant, or any of their partners, officers, directors, employees, or associated professionals a CPA?  Yes  No
  - A. **If Yes**, do any such persons perform or attest work/consulting services for any accounting client who is an advisory client?  Yes  No

**Disclosure Events – Attach any “Yes” responses on a separate sheet.**

Has the Applicant or any associated professional ever:

1. Had a professional license or registration denied, suspended, revoked, non-renewed, or restricted?  Yes  No
2. Been formally reprimanded by any court, administrative, or regulatory agency?  Yes  No
3. Had a complaint filed with any consumer agency, state securities department, insurance department, or broker-dealer, SEC FINRA, or other regulatory agency?  Yes  No
4. Been audited by the SEC, FINRA, any state securities department, or other licensing or regulatory agency?  Yes  No
5. Been formally accused of violating any professional association's code of ethics?  Yes  No
6. Been convicted of a felony or any civil proceedings?  Yes  No
7. Been involved in (or aware of) any fee disputes including suits?  Yes  No

**Custody**

1. Do you direct trades in client's custodial accounts?  Yes  No

**If “Yes” complete the following:**

- A. Does the Applicant use a written Investment Policy Statement for anything other than ERISA accounts?  Yes  No
- B. Does the Applicant have Limited Power of Attorney to direct trades in the client's account?  Yes  No
- C. Does the Applicant use full discretion to trade without prior consent of the client?  Yes  No
- D. Does the Applicant use discretion to trade within an Investment Policy Statement or written parameters?  Yes  No
- E. Does the Applicant decline to exercise discretion and obtain prior consent for each and every trade?  Yes  No
2. Excluding advisory fees and authorized disbursement to an account with the same registration or the client, does the Applicant have power to withdraw or disburse funds in the account?  Yes  No
3. Does the Applicant's firm, in writing, require clients to review their account statements at least quarterly?  Yes  No

**Custodians**

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Fidelity  | <input type="checkbox"/> TD Ameritrade               | <input type="checkbox"/> National Advisors Trust  |
| <input type="checkbox"/> Scottrade | <input type="checkbox"/> Folio Institutional         | <input type="checkbox"/> Trust Company of America |
| <input type="checkbox"/> Pershing  | <input type="checkbox"/> Shareholders Services Group | <input type="checkbox"/> Raymond James Advisory   |
| <input type="checkbox"/> Schwab    | <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Other _____              |

**Provide the percentage of total assets advised in each of the following categories (must equal 100%), or attach a separate sheet of “Classes and Types of Assets Managed / Advised”**

Note: Mutual Funds or ETFs in the Applicant's portfolios that hold other security types shown below should be considered Mutual Funds or ETFs for the lower schedule. List only the portion of the below products not held in Mutual Funds or ETFs.

%	Classes and Types of Assets Managed and Assets Advised	%	Classes and Types of Assets Managed and Assets Advised
	Mutual Funds (all investment styles)		Foreign Securities (Traded 100% outside the US)
	Cash		Certificates of Deposit
	Closed-end Investment Companies		Unit Investment Trusts (UIT)
	Variable Annuities		Unlisted Stocks
	Listed Stocks		Unregistered Securities
	Exchange Traded Funds (EFT) (excluding leveraged and inverse)		Index Linked Securities
	Leveraged Exchange Traded Funds		Junk Bonds / Below Investment Grade
	Inverse Exchange Traded Funds		Promissory Notes / Leases / Receivables
	Municipal Securities		Hedge Funds
	Options		Fund of Hedge Funds
	REITs Publicly Traded		Guaranteed Investment Trusts / Fund (CIT / CIF)
	REITs / REIFs / Privately Traded		Tangibles (gold, silver, collectibles, coins, etc.)
	Limited Partnership / General Partnerships or similar Pooled Investment Vehicles		Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs
	Exchange Traded Notes (ETN)		Church Bonds
	Other: _____		Other Derivatives or Structured Products

Provide approximate percentages of professional services, must equal 100%. Indicate all services that the Applicant provides. (Note: LPOA = Limited Power of Attorney)

%	Nature of Practice	%	Nature of Practice
	Modular/Comprehensive Financial Planning/Preparation/Advising		Investment Management or Pension/Benefit Consulting
	Divorce Financial Consulting		Hourly Advice
	Discretionary Asset Management (LPOA)		Wrap Accounts
	Non-Discretionary Asset Management (LPOA with Prior Consent)		Tax Preparation
	Asset Monitoring (No LPOA to Direct Trade)		Seminars/Education
	Product Sales Based on Financial Plan		Third Party Pension Administration
	Product Sales Not Based on Financial Plan		Timing Services
	Publish Newsletters for Subscription or Fee		Third Party Money Managers
	Other: _____		

Does the Applicant desire coverage for tax preparation?

Yes  No

**Sources of Revenue:**

Provide gross annual revenues from financial planning, advisory activities, and commissions from the sales of securities and/or life and health insurance received by all covered individuals and entities. Do not include tax preparation revenues unless coverage for tax preparation is requested.

Year	Annual Total Gross Revenues (100%)	% Fee Only Revenues	% Commission Revenues	Number of Financial Advisors
Last year:	\$	%	%	
Projected for current year:	\$	%	%	
Projected for next year	\$	%	%	

**Fee Revenue – Must equal 100%**

%	Types of Services	%	Types of Services
	Investment Advisory Services		Investment Management Consulting Services
	Financial Planning Services		Tax Preparation Fees
	Divorce Financial Consultation		Daily Cash Management/Bill Paying Services

**Value of Discretionary Regulatory Assets Under Management (AUM) or Assets Under Advisement (AUA)**

AUM – Discretionary Accounts	Market Asset Value	Value of Largest Account	Number of Clients
ERISA – Defined Benefit Plans:	\$	\$	
ERISA – Defined Contribution Plans:	\$	\$	
Non-ERISA Pension and Employee Benefit Plans:	\$	\$	
Accounts for which an advisor or the Applicant acts as a Trustee:	\$	\$	
All other accounts:	\$	\$	
<b>Subtotals for Discretionary AUM Accounts:</b>	\$	\$	

**Value of Non-Discretionary Regulatory Assets Under Management (AUM) or Assets Under Advisement (AUA)**

AUM – Non-Discretionary Accounts	Market Asset Value	Value of Largest Account	Number of Clients
ERISA – Defined Benefit Plans:	\$	\$	
ERISA – Defined Contribution Plans:	\$	\$	
Non-ERISA Pension and Employee Benefit Plans:	\$	\$	
Accounts for which an advisor or the Applicant acts as a Trustee:	\$	\$	
All other accounts:	\$	\$	
<b>Subtotals for Non-Discretionary AUM Accounts:</b>	\$	\$	

**Value of Investment Consulting, Monitoring, or Referral AUM or AUA**

AUM – Investment Consulting, Monitoring, or Referral	Market Asset Value	Value of Largest Account	Number of Clients
ERISA – Defined Benefit Plans:	\$	\$	
ERISA – Defined Contribution Plans:	\$	\$	
Non-ERISA Pension and Employee Benefit Plans:	\$	\$	
Accounts for which an advisor or the Applicant acts as a Trustee:	\$	\$	
All other accounts:	\$	\$	
Total Asset Monitoring (No LPOA to Direct Trades):	\$	\$	
Total referral to Third Party Money Manager Accounts (no Direct Management):	\$	\$	
<b>Subtotals for AUA accounts:</b>	\$	\$	
<b>Totals for <u>all</u> AUM and AUA accounts:</b>	\$	\$	

**Section IV – Supplemental Questions to be Completed for Additional Professional Liability Coverage**

If coverage for independent contractors is desired, complete the section below:

List the CRD Numbers and names of any independent contractors (non-employees) giving investment advice on your behalf (attach on a separate sheet if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If product sale coverage is desired, complete the section below:

List professionals that provide sales for the Applicant (attach on a separate sheet if necessary):

%	Types of products	Life / Health	Security Sales

Please provide the Applicant’s Commission Revenue – must equal 100%

**Section V – Directors and Officers Liability**

**Complete this section only if D&O Coverage is desired.**

1. The organization has been continually operating since: \_\_\_\_\_
2. Applicant is:  LLC     Corporation     Partnership
3. Is the Insured engaged in any of the following activities?     None
  - Activities that fall under The Investment Company Act of 1940
  - Captive Insurance Company operations
  - Franchising
  - General Partnership operations
  - Insurance Company operations
  - Joint Venture(s)

4. Total number of shares of stock or Membership Units outstanding:  
 Common Stock / Membership Units Outstanding: \_\_\_\_\_ Preferred Stock: \_\_\_\_\_

5. Please provide the following details regarding the Insured's ownership structure:

Names of Shareholders Owning more than 10% of total Outstanding Stock	Percent Owned	Voting Rights		Representation on the Board of Directors	
	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. During the past 5 years:
- a) have there been any changes in Chairman of the Board, President, Chief Financial Officer or Chief Operations Officer?  Yes  No
  - b) has any Director or Officer been charged with or convicted of any criminal act or been the subject of a criminal investigation?  Yes  No

**If any answer is yes, attach details.**

- 7. External audit is:  Full-scope  Directors-scope  Not Performed
- 8. The external audit is performed:  Annually  Every other year  Other  Not Applicable
- 9. Were all weaknesses identified in the most recent Management letter addressed by the Board of Directors?  Not Applicable  Yes  No
- 10. Does the Applicant have a continuous internal audit by an internal auditor who reports directly to the Board of Directors?  Yes  No

**Section VI – Employment Practices Liability (EPL)**  
 Complete this section only if EPL coverage is desired.

- 1. Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
- 2. Has employee turnover exceeded 25% in either of the past 2 years?  Yes  No
- 3. During the past 12 months, have there been or does the Applicant anticipate any employee layoffs, terminations, branch/office closings, restructuring, layoffs, or reorganizations?  Yes  No
- 4. Does the Applicant have formal written policies with regard to discrimination and workplace harassment (including sexual harassment)?  Yes  No
- 5. Are all employment practices guidelines, policies and procedures reviewed by an employment law attorney?  Yes  No
- 6. Does the Applicant have written policies or procedures for dealing with complaints from the general public customers, clients, vendors or other third parties for issues involving harassment or discrimination?  Yes  No
- 7. Does the Applicant conduct training for employees on issues of discrimination and sexual and other workplace harassment?  Yes  No
- 8. Within the past 2 years, has the Applicant or outside employment counsel completed an audit regarding the payment of wages, including equal pay and overtime pay?  Yes  No
- 9. What percentage of employees earn \$100K or higher in annual compensation [salary + bonuses]? \_\_\_\_\_ %

## Section VII – Fiduciary & Employee Benefits Liability

Complete this section only if Fiduciary Liability coverage is desired.

1. Complete the following for all Plans:

Plan Name	Type of Plan* (see choices below)	Most Recent Asset Value	Year Established	Number of Participants
		\$		
		\$		
		\$		

\* Plan Types: (a) ESOP; (b) 401k Plan; (c) Profit Sharing Plan and Defined Benefit (Pension) Plan; or (d) other

It is understood and agreed that coverage will not be provided for any Plan unless listed above and expressly agreed to by the Insurer.

2. Does any Plan listed above have a funding deficiency?  Yes  No
3. Is any Plan currently under examination or is any issue related to a Plan currently pending before the Internal Revenue Service, Department of Labor, the Pension Benefit Guaranty Corporation or any court?  Yes  No
4. If the Applicant has an Employee Stock Ownership Plan (ESOP), indicate the percentage of company stock owned by the ESOP. \_\_\_\_\_ %
5. Provide details on all prior/pending litigation applicable to the Applicant's retirement and welfare benefit plans under Section VIII.

## Section VIII – Prior Knowledge and Claims History

1. Have there been during the last 5 years, or are there now pending, any inquiry, complaint, civil, criminal, administrative or arbitration proceedings (including any proceeding filed with the EEOC or state/local administrative agency) brought against any entity proposed for insurance, any person proposed for this insurance in their capacity as either director, officer, trustee, employee, volunteer, or staff member of any entity proposed for insurance or the employee benefit plans of any entity proposed for insurance?  Yes  No

If yes, please attach details for each claim.

2. Is the undersigned or any proposed insured aware of any fact, circumstance or situation involving any entity proposed for insurance, which he or she has reason to believe might result in a future claim?  Yes  No

If yes, please attach details for each claim.



# Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

**ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

**KENTUCKY 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 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. In Pennsylvania, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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

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

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or 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.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

The undersigned declare that, to the best of their knowledge and belief, the statements in this Application, any prior Applications, any additional material submitted, and any publicly available information published or filed by or with a recognized source, agency or institution regarding business information for the Applicant for the 3 years prior to the Bond/Policy's inception [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Bond/Policy is issued in reliance upon the truth of such representations.

The signing of this Application does not bind the undersigned to purchase the insurance and accepting this Application does not bind the Insurer to complete the insurance or to issue any particular Bond/Policy. If a Bond/Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Bond/Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Bond/Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

### Chief Executive Officer, President or Chairman of the Board:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Chief Compliance Officer or Equivalent Officer:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED AND DATED BY TWO INDIVIDUALS

Agent Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

**Submit Application to:**  
[banksubmissions@amtrustgroup.com](mailto:banksubmissions@amtrustgroup.com)

**AmTrust North America**  
**Attention: Financial Institution Division**

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