Investment Management

Insurance application form

US

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name:

Primary Address (Address, State, ZIP, Country):

Website Address:

1.2 Date the business was established (MM/DD/YYYY):

1.3 Breakdown of employees:

Portfolio Managers: Traders:

Research staff: Sales/Marketing:

Compliance staff: Other:

1.4 Please provide details for the primary contact for this insurance policy:

Contact name: Position:

Email address: Telephone number:

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Section 2: Activities

2.1 Please describe below the services supplied by your business:

2.2 Please provide an approximate breakdown of how your revenue is generated:

	%
	%
	%
	%

2.3 Please complete the following in respect of your 5 largest jobs in the last 3 years:

Client name:	Professional services:	Gross revenue:
		$
		$
		$
		$
		$

Section 3: Investment Management Liability

Only complete this section if you require Investment Management Liability cover

3.1 Please state the total asset value of all client accounts:

Estimated current financial year: $ Last complete financial year: $

3.2 Please state the asset value of your largest client account: $

3.3 Please state the minimum size account or fund you accept: $

3.4 Please state:

a) the number of client accounts lost in the last 12 months:

b) the total asset value of client accounts lost in the last 12 months: $

c) the reasons for the loss of the 3 largest client accounts in the last 12 months:

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3.5 Please provide the following information for which you act as an investment manager:

	No of accounts	Asset Value
Non-High net worth individual accounts:		
High net worth individual accounts:		
Charitable trusts, foundations or endowments:		
ERISA Defined Benefit Plans:		
ERISA Defined Contribution Plans:		
Taft-Hartley Plans:		
Non-ERISA Pension Plans:		
Corporate/Institutional:		
Mutual Funds Sponsored by the insured:		
Mutual Fund sub advisory services to mutual funds sponsored by third parties:		
CDOs/CLOs/ABS vehicles to which an Insured acts as collateral manager or		
Other pooled investment vehicles not described above (e.g, hedge funds):		
Total:		

Percentage of total asset value above in discretionary accounts: %

Percentage of total asset value above in non-discretionary accounts: %

3.6 Please state the percentage of investments in the following areas:

Commodity/Futures:	%	Direct real estate:	%	RMBS:	%
Private placements:	%	Options:	%	CMBS:	%
Domestic high yield bonds or leveraged loans:	%	Annuities	%	Other ABS:	%
Hedge Funds and LPs, other than Oil and Gas E&P investment funds:	%	International Investments:	%	Oil and gas E&P investment funds:	%
Private or non-traded REITs or BDCs:	%	CDOs / CLOs:	%	Blockchain and cryptocurrency	%

3.7 Please provide the name of the firms responsible for client accounts:

Auditor:	
Administrator:	
Legal adviser:	
Custodian:	
Prime brokers:	

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Section 4: Fund Liability

Only complete this section if you require Fund liability cover

4.1 Please state all funds for which coverage is sought:

Legal name of fund and inception	Assets under management	Organizational jurisdiction	Master/Feeder

Please continue on the additional information page or attach full details of all your funds to this application form.

4.2 Please provide details of any redemption activity that has taken place in the past 12 months, or is due to take place in the 3 months:

4.3 Please state the amount the company have invested in the funds that they manage (including general partners, portfolio managers and family or affiliates): $

4.4 Please submit the name of the firms responsible for funds:

Sales/Distribution:		Auditor:	
Administrator:		Legal:	
Custodian:		Prime brokers:	

Section 5: Management Liability

Only complete this section if you require Management Liability cover

5.1 Have you in the past 3 years, or do you during the next 12 months, have plans to:

a) sell all or part of the company? ☐ Yes ☐ No

b) be involved in any mergers, acquisitions or divestments? ☐ Yes ☐ No

c) change your capital structure? ☐ Yes ☐ No

d) raise any new capital? ☐ Yes ☐ No

If "yes" to any of the above, please provide details:

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5.2 Is the company listed on any stock exchange or other securities? ☐ Yes ☐ No

If "yes", please state:

a) the ticker symbol:

b) the number of shareholders or unitholders there are in the company:

c) the total number of shares or units owned by senior executive officers:

d) the number of shares or units outstanding in the company:

Section 6: Employment Practises Liability

Only complete this section if you require Employment Practises Liability cover

6.1 Do you have a human resources department: ☐ Yes ☐ No

a) If 'yes', how many employees are in this department?

b) If 'no', how is this function handled?

6.2 Are your employees issued with an employee handbook? ☐ Yes ☐ No

If 'yes', please provide a copy

6.3 Do you have written management guidelines for the following:

a) Disciplinary procedures? ☐ Yes ☐ No

b) Termination of employment? ☐ Yes ☐ No

c) Preventing discrimination? ☐ Yes ☐ No

d) Preventing harassment? ☐ Yes ☐ No

e) Any complaint of discrimination or harassment? ☐ Yes ☐ No

f) Grievance procedures? ☐ Yes ☐ No

g) Compliance with (i) the Americans with Disabilities Act 1990, as amended, (ii) The Civil Rights Act 1964, as amended and (iii) the Family and Medical and Leave Act, as amended? ☐ Yes ☐ No

6.4 Do you provide anti-discrimination and anti-harassment training for all of your employees? ☐ Yes ☐ No

If 'no', please explain why:

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6.5 Do you have written procedures for any complaint of discrimination or harassment from any person who is not an employee of the company? ☐ Yes ☐ No

If 'no', please explain why:

6.6 Do the areas of your premises which are accessible to the public comply with the Americans with Disabilities Act 1990, as amended? ☐ Yes ☐ No

If 'no', please explain why:

6.7 Are your wage and hour practises compliant with the Fair Labour Standards Act (FLSA)? ☐ Yes ☐ No

If 'no', please explain why:

6.8 Do you periodically compare an employee's job description against their actual duties? ☐ Yes ☐ No

If 'no', please explain why:

6.9 How long do you keep records of all hours worked by non-exempt employees?

6.10 a) How often do you review your wage and hour practises?

b) Do you obtain legal advice when your wage and hour practises are reviewed? ☐ Yes ☐ No

If 'no', please explain why:

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6.11 In the past 24 months has there been or, in the next 12 months is it anticipated there will be, any reduction in force or systematic lay-off? ☐ Yes ☐ No

If 'yes', please provide full details:

Section 7: Fiduciary Liability

Only complete this section if you require Fiduciary Liability cover

7.1 Please state the total asset size of all your benefit plans:

7.2 Please complete the following information for your three largest plans to be covered:

Name of Plan:	Plan assets:	Type of Plan (i.e. defined contributions or defined benefits, welfare benefit, profit sharing etc):

Please forward the latest financial statement and a copy of the most recently filed Form 5500 (and attachments) for your largest benefit plan.

7.3 Are the benefit plans funded in accordance with the actuary's recommendation? ☐ Yes ☐ No

7.4 Do all of the benefit plans conform to the standard of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? ☐ Yes ☐ No

7.5 Are the company and employee contributions fully and promptly paid into the benefit plans? ☐ Yes ☐ No

7.6 Are the benefit plan assets held independently of the company? ☐ Yes ☐ No

7.7 Is there currently, or is it anticipated that there will be, a suspension or reduction in contributions to any benefit plan? ☐ Yes ☐ No

7.8 Is any benefit plan currently, or anticipated to be, terminated, suspended, merged or dissolved? ☐ Yes ☐ No

7.9 Has any plan merged with, or assumed the responsibilities of, another benefit plan in the last 3 years? ☐ Yes ☐ No

If you have ticked any of the shaded boxes in questions 3.3 – 3.9, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

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Section 8: Cyber Security Risk Management

Only complete this section if you require Cyber cover

8.1 Please describe the type of sensitive information you hold and provide an approximate number of unique records that you store or process:

8.2 Please describe the most valuable data assets you store:

8.3 Please state:

a) who is responsible for IT security within your business (by job title):

b) how many years have they been in this position:

c) whether you comply with any internationally recognized standards for information governance: ☐ Yes ☐ No

If you answered "yes" to c) above, please state the internationally recognized standards with which you comply:

8.4 Please tick all the boxes below that relate to companies or services where you store sensitive data or who you rely upon to provide critical business services:

☐ Adobe	☐ Amazon Web Services	☐ Dropbox	☐ Google Cloud
☐ IBM	☐ Microsoft 365	☐ Microsoft Azure	☐ Oracle Cloud
☐ Salesforce	☐ SAP	☐ Workday	

8.5 *Please tick all the boxes below that relate to controls that you currently have implemented within your IT infrastructure (including where provided by a third party). If you're unsure of what any of these tools are, please refer to the explanation on the final page of this document.*

☐ Advanced Endpoint Protection	☐ Application Whitelisting	☐ Asset Inventory	☐ Custom Threat Intelligence
☐ Database Encryption	☐ Data Loss Protection	☐ DDoS Mitigation	☐ DMARC
☐ DNS Filtering	☐ Employee Awareness Training	☐ Incident Response Plan	☐ Intrusion Detection System
☐ Mobile Device Encryption	☐ Penetration tests	☐ Perimeter Firewalls	☐ Security Info & Event Management
☐ Two-factor Authentication	☐ Vulnerability Scans	☐ Web Application Firewall	☐ Web Content Filtering

8.6 Please provide the name of the software or service provider that you use for each of the controls highlighted in 8.5:

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Section 9: Crime

Only complete this section if you are renewing your crime cover.

9.1 Do you have dual control procedures in place for the transfer of assets, funds, investments, disbursements and for the signing of cheques in excess of $2,500? ☐ Yes ☐ No

9.2 Do you have facilities to transfer funds without using a third party financial institution? ☐ Yes ☐ No

If "yes", please give details:

9.3 Are bank statements independently reconciled at least every 30 days by staff who are not authorised to make payments? ☐ Yes ☐ No

9.4 Are transactions only permitted to be made via internally approved counterparties? ☐ Yes ☐ No

9.5 Are the trading systems adequately controlled to ensure that only authorised personnel are able to trade on the system? ☐ Yes ☐ No

9.6 Are all key source documents maintained in a secure environment prior to being entered onto the computer system, in order to prevent unauthorised modifications or inappropriate use of this data? ☐ Yes ☐ No

If you answered above, please explain below:

9.7 Are there adequate controls to ensure fraudulent instructions are not given to any financial institution by any employee or any other person who does not have authority to give genuine instructions? ☐ Yes ☐ No

9.8 Are telephone instructions confirmed in writing? ☐ Yes ☐ No

9.9 Are all banks required to confirm fund transfer transactions within 24 hours? ☐ Yes ☐ No

9.10 Do you have procedures in place for the use of passwords for your computer systems and is authorization automatically withdrawn at cessation of employment? ☐ Yes ☐ No

9.11 Are the finance, accounts and treasury department employees required to take two weeks of consecutive holiday each year? ☐ Yes ☐ No

If you answered above, please explain below:

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Section 10: Kidnap and Ransom

Only complete this section if you require Kidnap and Ransom cover.

10.1 Please provide the following information in respect of each planned foreign trip in the coming 12 months by your employees:

Country of destination:	Number of employees travelling:	Duration of visit:

If you have more than 10 trips planned in the coming 12 months, please provide an itinerary

10.2 Please state any special security precautions taken prior to and during foreign travel:

Section 11: Compliance

11.1 Please state whether your company has an:

a) Internal Audit Department ☐ Yes ☐ No

b) Compliance Department ☐ Yes ☐ No

c) EDP Audit Department ☐ Yes ☐ No

d) Data Security Department ☐ Yes ☐ No

e) Audit Committee ☐ Yes ☐ No

11.2 Please state:

a) how regular audits are performed:

b) the date of the most recent audit performed (MM/DD/YYYY):

c) whether all recommendations from the most recent audit have been completed? ☐ Yes ☐ No

If 'no', please explain:

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11.3 Has there been any examination conducted on you by the SEC, any government regulatory agency or any self-regulatory organisation in the past three years or you have received notice of a future examination? ☐ Yes ☐ No

If 'yes', please state:

a) the date of completion of examination (MM/DD/YYYY):

b) whether all cited deficiencies have been corrected? ☐ Yes ☐ No

Please attach copies of any letters received as a result of the inspection and a copy of management's responses to all letters and comments received.

Section 12: Insurance Requirements

Please provide details of the cover you require:

	Limit:	Prior and pending dates:
Professional indemnity:		
Management liability:		
Cyber security risk management:		
Crime:		
Kidnap and ransom:		

Section 13: Claims Experience

13.1 Please state whether you are aware of any incident:

a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: ☐ Yes ☐ No

b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: ☐ Yes ☐ No

c) which resulted in anyone working for the companies to be insured, experienced any kidnap, extortion, highjack, wrongful detention or a political threat: ☐ Yes ☐ No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved

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Section 14: Additional Information

14.1 Please provide the following information when you send the application form to us.

- The organizations latest financial report;
- Directors or principals resumes if the company has been trading for less than 3 years;
- Directors or principals percentage of ownership;
- List of professional societies and organizations in which you belong to;
- Advertisements, brochures and descriptive literature on your business; and
- The standard form of contract, end user license agreement or terms of use issued by the company.

Name:	Date of Acquisition:	Country of Domicile:	Percentage of ownership:
			%
			%
			%
			%
			%
			%

Please provide this space below to provide us with any other relevant information:

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***www.cfcunderwriting.com/privacy***

Contact Name: Position:

Signature: Date (MM/DD/YYYY):

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Advanced endpoint protection

Software installed on individual computers (endpoints) that uses behavioural and signature based analysis to identify and stop malware infections.

Application whitelisting

A security solution that allows organisations to specify what software is allowed to run on their systems, in order to prevent any nonwhitelisted processes or applications from running.

Asset inventory

A list of all IT hardware and devices an entity owns, operates or manages. Such lists are typically used to assess the data being held and security measures in place on all devices.

Custom threat intelligence

The collection and analysis of data from open source intelligence (OSINT) and dark web sources to provide organisations with intelligence on cyber threats and cyber threat actors pertinent to them.

Database encryption

Where sensitive data is encrypted while it is stored in databases. If implemented correctly, this can stop malicious actors from being able to read sensitive data if they gain access to a database.

Data loss preventions

Software that can identify if sensitive data is being exfiltrated from a network or computer system.

DDoS mitigation

Hardware or cloud based solutions used to filter out malicious traffic associated with a DDoS attack, while allowing legitimate users to continue to access an entity's website or web-based services.

DMARC

An internet protocol used to combat email spoofing – a technique used by hackers in phishing campaigns.

DNS filtering

A specific technique to block access to known bad IP addresses by users on your network.

Employee awareness

Training programmes designed to increase employees' security awareness. For example, programmes can focus on how to identify potential phishing emails.

Incident response plan

Action plans for dealing with cyber incidents to help guide an organisation's decision-making process and return it to a normal operating state as quickly as possible.

Intrusion detection system

A security solution that monitors activity on computer systems or networks and generates alerts when signs of compromise by malicious actors are detected.

Mobile device encryption

Encryption involves scrambling data using cryptographic techniques so that it can only be read by someone with a special key. When encryption is enabled, a device's hard drive will be encrypted while the device is locked, with the user's passcode or password acting as the special key.

Penetration tests

Authorized simulated attacks against an organisation to test its cyber security defences. May also be referred to as ethical hacking or red team exercises.

Perimeter firewalls

Hardware solutions used to control and monitor network traffic between two points according to predefined parameters.

Security info & event management (SIEM)

System used to aggregate, correlate and analyse network security information – including messages, logs and alerts – generated by different security solutions across a network.

Two-factor authentication

Where a user authenticates themselves through two different means when remotely logging into a computer system or web based service. Typically a password and a passcode generated by a physical token device or software are used as the two factors.

Vulnerability scans

Automated tests designed to probe computer systems or networks for the presence of known vulnerabilities that would allow malicious actors to gain access to a system.

Web application firewall

Protects web facing servers and the applications they run from intrusion or malicious use by inspecting and blocking harmful requests and malicious internet traffic.

Web content filtering

The filtering of certain web pages or web services that are deemed to pose a potential security threat to an organisation. For example, known malicious websites are typically blocked through some form of web content filtering.

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ALABAMA FRAUD WARNING: 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 is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for 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.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: 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 FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: 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.

KANSAS FRAUD WARNING: 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 commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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 FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who 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.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

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

NEW MEXICO FRAUD WARNING: 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 civil fines and criminal penalties.

NEW YORK FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding 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, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: 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.

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

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

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

WEST VIRGINIA FRAUD WARNING: 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.