

THE HARTFORD ASSET MANAGEMENT CHOICEsm POLICY RENEWAL APPLICATION

Name of Insurance Company to which application is made

NOTICE: THIS POLICY PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION. PAYMENT OF DEFENSE COSTS REDUCES THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

I. GENERAL INFORMATION

1. Name of Applicant: _____
(Together with any entities for which this policy is intended, hereinafter, "Applicants.")

Mailing Address: _____

2. Revenue Source: What are the gross annual revenues from financial planning, advisory activities, and commissions from the sales of the securities and/or life and health insurance received by all Applicants and employees thereof:

Most Recent Fiscal Year	Annual Total Gross Revenue (100%)	% of Asset Based Fees (Mgmt. & Performance)	% Commission Revenues	% Other Revenue (provide details if > 15%)
	\$	%	%	%

II. SUBSIDIARIES

Within the last Policy Period, were there any changes in subsidiaries or other entities proposed for coverage?

(If "YES," please attach full details. Note: Listing a subsidiary or entity does not guarantee coverage.) ☐ YES ☐ NO

III. ASSETS UNDER MANAGEMENT

1. Please describe the structure of the Applicants' total Regulatory Assets under Management (RAUM) in the chart below:

	Private Funds (Proprietary)	Registered Investment Co. (Proprietary)	All Other Accounts (Including Separately Managed Accts.*)	Total
Regulatory Assets Under Management (Current Yr.)				
Regulatory Assets Under Management (Prior Yr.)				
Number of Clients** (Current Yr.)				
Number of Clients (Prior Yr.)				

**Include any assets managed in a trust. **A client may have more than one account.*

2. Please complete the following for the last Policy Period:

- a. number of accounts lost _____
- b. corresponding total asset value of accounts lost _____
- c. reason(s) for the lost accounts

IV. INVESTMENT STRATEGY

1. Do any Applicants make investments in any of the asset classes in the table below? ☐ YES ☐ NO
 (If "YES," please enter the percentage of total RAUM below)

Alternative Investments	% of RAUM
Micro-cap listed equities*	%
Exchange traded notes	%
Leveraged or inverse exchange traded funds	%
Unlisted Equity (excluding public non-traded investments)	%
Public non-traded investments (public non-traded REITS, BDCs, etc) <i>If any, please attach full details.</i>	%
Derivatives (listed equity, credit, interest rate, and/or foreign exchange)	%
Loans	%
Non-investment Grade Corporate bonds (excluding convertible bonds)*	%
Convertible bonds (both investment grade and non-investment grade)*	%
Non-U.S. sovereign debt	%
Municipal bonds* - <i>If "yes" please provide the minimum bond rating permitted and # of defaults in the last 12 months:</i>	%
Asset backed securities/Structured products (MBS, ABCP, CDO/CLO, Other ABS)	%
Commodities (physical and derivatives)	%
Physical real estate <i>If "yes," does the Applicant engage any third party valuation firms?</i> ☐ YES ☐ NO	%
Life settlement & annuities	%
Litigation buyouts	%
Other alternative investment. <i>If "yes," please describe:</i>	%

**Excluding mutual funds that may have minority holdings in this type of investment*

2. Within the last Policy Period, were there any material changes in how any Applicant utilizes leverage? ☐ YES ☐ NO
 (If "YES," please attach full details.)
3. Do any Applicants have exposure to any single security within any single strategy in excess of 10% assets under management in such strategy? ☐ YES ☐ NO
 (If "YES," please attach full details.)

V. OPERATIONS

1. Within the last Policy Period, have there been any material changes in the following:
 - a. Senior Management? ☐ YES ☐ NO
 - b. Risk Management Policies, procedures, functions, structure? ☐ YES ☐ NO(If "YES" to a. or b. above, please attach full details.)
2. Within the last Policy Period, did any Applicant have any trade errors that exceeded \$25,000? ☐ YES ☐ NO
(If "YES," please attach full details.)

VI. FUND MANAGEMENT

1. Provide a list of any investment funds that were created, acquired, merged, terminated or divested (the "Transaction(s)") within the last Policy Period: (Note: Listing an investment fund does not guarantee coverage.)

Name of Investment Fund (Registered or Private)	Type of Transaction	Date of Transaction	Regulatory AUM (\$)

2. Within the last Policy Period, did any Applicant advise any Private Funds that amended redemption policies or froze redemptions? ☐ YES ☐ NO
3. Within the last Policy Period, did any Applicant change auditor, administrator, prime broker or outside counsel? ☐ YES ☐ NO
(If "YES," please attach full details.)

VII. MISCELLANEOUS INFORMATION

1. Did any Applicant experience within the last Policy Period, or is any Applicant anticipating within the next 12 months, any of the following events?
 - a. Merger, acquisition, sale of any assets or other similar transaction? ☐ YES ☐ NO
 - b. Any financial restructuring, reorganization or filing for bankruptcy? ☐ YES ☐ NO
 - c. Any public or private offering of securities (including, but not limited to, IPO, Secondary Exchanges, or Crowd Funding/Crowd Financing)? ☐ YES ☐ NO(If "YES" to any of the above, please attach full details.)
2. Within the last Policy Period, did any Applicant have an inspection or examination conducted by the SEC or any other regulatory authority? ☐ YES ☐ NO
(If "YES" and available, please attach a copy of the deficiency letter from the SEC or regulatory authority and corresponding management response letter)

VIII. EMPLOYMENT PRACTICES LIABILITY

1. Please list the following information based on the Applicants' current facts as of today:
 - a. Full Time US Employees (including independent contractors and interns) _____
 - b. Part Time US Employees (including independent contractors and interns) _____
 - c. Foreign Based Employees _____
 - d. TOTAL EMPLOYEES, INDEPENDENT CONTRACTORS and Interns _____
(sum of lines a – c)
 - e. Of the total in line d., how many are based in California? _____

2. Please list the number of employees within the following compensation bands (including any bonus and commissions):

Less than \$100,000	\$100,000 to \$250,000	\$250,000+ to \$500,000	More than \$500,000

3. Please also list the following:

Last Policy Period:

- a. Involuntary Terminations: _____

- b. Layoffs: _____

i. Was severance available to all affected? ☐ N/A ☐ YES ☐ NO

ii. Did all severance recipients sign a release? ☐ N/A ☐ YES ☐ NO

If "NO" to either i. or ii., above, please provide full details (attach a separate sheet if necessary).

- c. Within the next 12 months, is the Applicant considering any layoffs? ☐ YES ☐ NO

4. Within the last Policy Period, were there any material changes in any employment related policies or procedures? ☐ YES ☐ NO

(If "YES," please attach full details.)

5. What percentage of the Applicants' employees utilize employment contracts? _____%

6. Within the last Policy Period did the Applicant lay off, or in the upcoming 18 months does the Applicant plan to lay off, more than 20% of its employees? ☐ YES ☐ NO

7. Within the last Policy Period, did any Applicant make any non-contractually owed payments to any current or former employee in connection with or following any allegations of wrongdoing? ☐ YES ☐ NO

(If "YES," please attach full details.)

IX. FIDUCIARY LIABILITY

Optional Coverage Requested: ☐ HIPAA Penalties ☐ Settlement Program

1. For each plan to be covered (including all merged, terminated, or frozen plans), please list the following:

Plan Name	Plan Type*	# of Participants	Plan Assets (Current Yr)	Plan Status**	% Funded (if DB)
			\$		
			\$		
			\$		

*Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

**Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

For any question below to which the response is "YES," please attach full details.

2. Does any plan hold or provide the option to invest in products offered by the Applicant or an affiliate of the Applicant? ☐ YES ☐ NO

3. Does any plan hold or provide the option to invest in the securities of an Applicant? ☐ YES ☐ NO

4. Did any Applicant experience within the last Policy Period, or is any Applicant anticipating within the next 12 months, any reduction in benefits? ☐ YES ☐ NO

5. Does any plan hold or provide the option to invest in alternative or illiquid assets (such as real estate, private funds, guaranteed insurance contracts, etc.)? ☐ YES ☐ NO

(If yes, please attach details of holdings as a percentage of total assets in such plan)

X. KIDNAP & RANSOM/EXTORTION

1. Please complete the following regarding the Applicants for each foreign (non-U.S.) location:
(If none, leave this space blank.)

Country, city, and description of operations	# of Employees

2. Please complete the following regarding travel to foreign countries:
(If none, leave this space blank.)

Country and city(ies)	Number of Trips Per Year	Average length of stay	# of Employees

3. If an Applicant has foreign locations or travel, describe security precautions on a separate sheet.

XI. ADDITIONAL INFORMATION

The following documents are attached and considered to be made a part of this Application and any policy subsequently issued:

1. Applicant's most recent audited financial statements;
2. Any private fund's Private Placement Memorandum, LLC or Partnership Agreement (including any amendments) and latest audited Financial Statements inclusive of a Schedule of Investments;
3. Copy of Applicant's latest brochure(s), if applicable, and sample contract offered to clients;
4. Resumes/Bios of all Executive Officers, including but not limited to the Chief Executive Officer, Chief Investment Officer, Chief Risk Officer, Chief Compliance Officer, or functional equivalents (if applicable).
5. Information indicating overall performance for the past five (5) years (for all portfolios) up to the prior month;
6. Most recent Form(s) 5500;
7. Latest Form(s) ADV;
8. Most recent Letter to investors; and
9. Most recent Form PF (if available);

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY

HOLDER 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.

ATTENTION FLORIDA APPLICANTS: 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 APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A " FRAUDULENT INSURANCE ACT " MEANS 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 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.

ATTENTION KENTUCKY, OHIO AND PENNSYLVANIA APPLICANTS: 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.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION NEW MEXICO APPLICANTS: 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.

ATTENTION OKLAHOMA APPLICANTS: 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY 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 WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.

ATTENTION NEW YORK APPLICANTS: 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.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____

(Required: Florida, Iowa & New Hampshire only)

Agent License #: _____

(Required: Florida only)

Print Name: _____

Name of Agency: _____

Address: _____

Date: _____

Agent Signature: _____

(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>