



INFORMATION REQUIRED TO QUOTE

GENERAL:

- Company background and ownership history
- Description of all operations-brochures/website if available
- Federal Employer ID Number (FEIN)
- Copies of all current insurance policies
- Insurance carrier loss data ("Loss Runs", which are computer printouts from your current/prior insurance carriers showing your claims history) for all lines of insurance (Three years minimum/Five years if available)- with a description of any loss in excess of \$25,000

OFFICE PACKAGE (Property & Commercial General Liability):

- For each location:
 - Address
 - Age of building / Total number of stories in building
 - Square foot area of premises owned or leased
 - Construction/ Walls, Roof
 - Protection (Sprinklers, Fire/Smoke Alarm, Burglar Alarm, Extinguishers)
 - Property Values to be Insured:
 - Building (if applicable)
 - Contents (Furniture, Tenant Improvements, Computer, Office and Telecommunications Equipment – all at cost to replace)
 - Business Income / Extra Expense
 - Valuable Papers & Records / Data (Cost to re-create if damaged)
 - Fine Art (Provide list of items with values)

AUTOMOBILE:

- Schedule Of Vehicles including:
 - Year, Make, Model & Serial Number (VIN)
 - Garage Location (City/State where car is parked at night)
 - Original Cost New
- List of Drivers including:
 - Name
 - Driver License # & State
 - Date of Birth

WORKERS' COMPENSATION:

- For each location:
 - Number of Partners / Partner Payroll (Salary + Bonus)
 - Number of Employees / Employee Payroll (Salary + Bonus)



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SHORT-TERM DISABILITY (Required in New York):

- For each location:
 - Number of Male / Female Partners
 - Number of Male / Female Employees

ERRORS & OMISSIONS / DIRECTORS & OFFICERS LIABILITY INSURANCE:

- Fully completed, signed and dated E&O/D&O Application (Use Mainform Application if you have no current coverage; Use Renewal Application if you do currently have coverage)
- Any registration statements filed with the SEC or PPM for each Fund to be insured
- Latest annual audited financial statement
- Latest 10-K report filed with the SEC and most recent proxy statement (if firm is publicly traded)
- Brochures, roadshow presentations, or similar materials provided to clients or prospective clients
- Sample contract offered to clients
- Performance information for each fund for the past five (5) years
- Most recent ADV report (if applicable)
- Brief resume for each of the firm's partners / chief investment officer / compliance officer
- List of all Partners / Directors and their principal business affiliations
- List of affiliates and subsidiaries (if any) and description of the firm's organizational structure
- List all claims, including charges brought by regulatory authorities, made against the advisor entity, the fund(s), or its partners, directors, or officers during the current and past three (3) years. Include a description of the claim, name of claimant(s), current status, defense costs and loss payment (if any).

EMPLOYMENT PRACTICES LIABILITY:

- Fully completed, signed and dated Employment Practices Liability Insurance ("EPLI") Application (Use Mainform Application if you have no current coverage; Use Renewal Application if you do currently have coverage)
- Copy of your employee handbook
- Latest EEO-1 report (if applicable)
- List all claims, including EEOC actions, during the current and past three (3) years. Include a description of the claim, name of claimant(s), current status, defense costs and loss payment (if any).

FIDUCIARY LIABILITY:

- Fully completed, signed and dated Fiduciary Liability Application (Use Mainform Application if you have no current coverage; Use Renewal Application if you do currently have coverage)
- Latest audited financial statement for each ERISA qualified plan
- Form 5500 for each plan

FIDELITY BOND / CRIME:

- Fully completed, signed and dated Financial Institution Bond Application
- Latest annual audited financial statement

EMPLOYEE BENEFITS:

- Completed employee census form
- Copies of current plan booklets and latest monthly premium invoice (if currently insured)