



**St. Paul Fire & Marine Insurance Company
385 Washington Street, St. Paul, Minnesota 55102
INVESTMENT COMPANY BLANKET BOND APPLICATION**

Return application to:
CB Malaga Insurance Services LLC
tel: 877-245-5887
fax: 805-426-8540
email: info@cbspecialty.com

Please complete all of the following questions.

The Term "Applicant" as used in this APPLICATION refers to all entities for which coverage is being sought for.

1. Name of Proposed First Named Insured:

Address: _____

2. Name(s) of all other proposed Named Insured

Total Assets (in millions)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. Name of Adviser(s)

Name of Custodian

Name of Transfer Agent

Name of Distributor

Name of Administrator

4. Employee Count:

No. of Employees

No. of Officers/
Directors/Trustees

DO NOT DOUBLE COUNT

| | | |
|--|-------|-------|
| All Investment Companies | _____ | _____ |
| All Investment Advisers | _____ | _____ |
| All Distributors | _____ | _____ |
| All Underwriters | _____ | _____ |
| Affiliated Transfer Agent | _____ | _____ |
| Total – All Employees/Officers/Trustees | _____ | _____ |

5. Coverage Requested

Limit

*Deductible

| | | |
|---|-------|-------|
| A - Fidelity | _____ | _____ |
| B - Audit Expense (subject to a sub-limit) | _____ | _____ |
| C - On Premises | _____ | _____ |
| D - In Transit | _____ | _____ |
| E - Forgery or Alteration | _____ | _____ |
| F - Securities | _____ | _____ |
| G - Counterfeit Currency | _____ | _____ |
| H - Stop Payment (subject to a sub-limit) | _____ | _____ |
| I - Uncollectible Items of Deposit (subject to a sub-limit) | _____ | _____ |
| Additional Coverage | _____ | _____ |
| Computer Systems | _____ | _____ |
| Unauthorized Signature (subject to a sub-limit) | _____ | _____ |

***Nil deductible applicable to any Investment Company which is a named Insured under Insuring Agreement A. ***

INTERNAL CONTROLS

1. **Computer**

If Computer Systems Coverage is desired, please list the name(s) of the Computer System(s) and the Function(s) of each system below:

| <u>Name</u> | <u>Function</u> |
|-------------|-----------------|
| | |
| | |

A. Has senior management adopted a written computer security policy which defines information and Discuss employees' responsibility towards its protection? Yes No

B. Are there written computer security procedures to implement computer security policy? Yes No

C. How often is the computer security program reviewed by:

| | <u>Frequency</u> |
|-----------------|------------------|
| Internal Audit? | |
| External Audit? | |

2. Name of Outside Electronic Data Processor(s) and Function(s) performed by each:

| <u>Name</u> | <u>Function</u> |
|-------------|-----------------|
| | |
| | |

3. **Uncollectible Items of Deposit**

A. Does the applicant have a formal policy governing procedure for holding customer, shareholder or subscriber items of deposit prior to crediting their accounts? Yes No

B. If yes, please state the minimum number of days items are held before dividends are paid or withdrawals permitted from a customer's shareholder's or subscriber's account? _____

C. Please describe what your standard collection procedures are in the event that a customer, shareholder or subscriber items of deposit are not honored by the drawee financial institution.

4. **External Audit**

State the name of the Outside Audit firm of certified accountants who perform audits other than Governmental Examinations, Directors Examinations and similar limited scope audits.

Does the Outside Audit include all locations? Yes No

Does Auditor regularly review your internal controls and furnish a written report to management? Yes No

Are signatures reviewed against applications for checks or drafts over \$2,500? Yes No

5. Loss History

- A. Have there been any claims made (whether or not paid) by or on behalf of any proposed insured under any bond, within the last five years? Yes No

If yes, please provide on a separate sheet full details, including amount claimed, nature of loss and amounts paid by Insurer also include what remedial measures have been implemented as a result of such loss.

- B. Within the last five years, has any carrier refused to provide, cancelled, or failed to renew bond coverage for any proposed Insured? Yes No

If yes, please provide details on a separate sheet.

- C. Have there been any litigation/legal action settled by any of the proposed insured(s) within the past three (3) years or now pending that is not listed in question 5 A, if so, please provide on a separate sheet, full details.

- D. Does any proposed Insured have knowledge of any fact, circumstance or situation which would cause a reasonable person to assume that a loss which would be covered by the bond coverage applied for has been or is likely to be incurred, even if the exact amount or details of such loss may not be known? Yes No

If yes, please provide details on a separate sheet.

Please include the following with the completed APPLICATION:

1. Prospectus and Statement of Additional Information for each of the Investment Company for which coverage is being sought for.
2. Latest audited Financial Statement for each of the Investment Companies.
3. Latest CPA letter to Management and Management's Response to same. If not available please confirm that no material weaknesses were noted in the latest audit.
4. Latest Audited Financial Statement for any non Investment Company for which coverage is being sought for.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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: Insureds in PR

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 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. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

IN SUPPORT OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED OFFICER REPRESENTS THAT THE STATEMENTS MADE IN THIS APPLICATION, TOGETHER WITH ALL ATTACHMENTS TO THIS APPLICATION AND ANY OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE. IT IS FURTHER AGREED BY THE PROPOSED INSURED THAT THE UNDERWRITER WILL RELY UPON SUCH STATEMENTS IN MAKING ITS DECISION TO ISSUE OR RENEW ANY BOND FOR WHICH THIS APPLICATION IS MADE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE PROPOSED INSURED OR THE INSURER. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS HEREIN PRIOR TO THE ISSUANCE DATE OF THE BOND, WHICH WOULD RENDER THIS APPLICATION FORM INACCURATE OR INCOMPLETE, THE PROPOSED INSURED WILL NOTIFY THE INSURER IN WRITING AND, IF NECESSARY, ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

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.

Signed _____

Title _____

Applicant _____
(Name of Insured Company)

Date _____

(Corporate Seal)

Producer CB Malaga Insurance Services LLC

Address _____

Note: This application must be properly signed and dated by a Senior Officer of the proposed First Named Insured.