

Return application to:
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**APPLICATION FOR ARCH ALTERNATIVE ASSET MANAGEMENT
LIABILITY INSURANCE POLICYsm**

NOTICE: THE POLICY APPLIED FOR PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, THE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. THE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF THE LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY UNDER THIS POLICY, INCLUDING LIABILITY FOR DEFENSE COSTS.

NOTICE: A COPY OF THE POLICY APPLIED FOR IS AVAILABLE ONLINE.

NOTICE: A POLICY WILL NOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY COMPLETED, SIGNED, AND DATED.

NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.

Instructions for Completing This Application

Please read carefully, fully answer all questions, and submit all requested information. Unless otherwise stated, all parts and items of this Application should be completed. Various questions require the attachment of additional pages. Also, attach additional pages if more space is required to answer a question or respond to any information request. As appropriate, place an X in any applicable checkbox. As used herein, "Applicant" means the company specified in item 1 below and any other entity and fund proposed for coverage under the policy applied for. "AUM" means assets under management of the Applicant.

1. NAME, ADDRESS, AND CONTACT INFORMATION

Name of Applicant: _____
Principal Address: _____

City: _____ State: _____ ZIP Code: _____
State of Incorporation: _____ Date of Incorporation: _____
Name of Contact Person: _____
Contact Person Email Address: _____

2. OWNERSHIP

A. Applicant Ownership Structure:
 Publicly Traded Private Corporation Partnership
 Limited Liability Company Joint Venture Other (attach details)

B. What percentage of the Applicant is owned by directors and employees? _____%

C. Have there been any changes in ownership of the Applicant over the past 12 months, or are there any anticipated changes in ownership (including an IPO, acquisition, divestiture, merger, or offer) over the next 12 months? Yes No
If "Yes", attach details.

D. List any individual or entity that directly or beneficially owns 5% or more of the Applicant:

Name	Ownership Percentage	Director or Employee of Applicant or Affiliate
	%	<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

3. REGULATORY

- A. Is the Applicant SEC registered? Yes No
- B. Is the Applicant exempt from SEC registration? Yes No
- C. Has the Applicant:
- Had an inspection or presence exam conducted by any regulatory authority in the past 5 years? *If "Yes", attach a copy of any deficiency letter and management's response.* Yes No
 - Been contacted by the SEC for an upcoming exam? Yes No
 - Used a third party vendor to conduct mock compliance exams? *If "Yes", provide vendor name and date of last exam _____* Yes No
- D. Does the Applicant have an internal compliance department or designated employees responsible for business practice protocol and regulatory compliance? Yes No

4. ASSETS UNDER MANAGEMENT BY APPLICANT

Types of Assets:		Current Year as of ()::	Prior Year as of ()::
A.	Separately Managed Accounts:	\$	\$
B.	Commingled Accounts:		
	1. Mutual Funds	\$	\$
	2. Hedge Funds	\$	\$
	3. Private Equity/Venture Capital Funds (Committed Capital)	\$	\$
	4. Real Estate Funds (Committed Capital)	\$	\$
	5. Other (describe)	\$	\$
C.	Other (describe):	\$	\$
D.	Total Assets Under Management:		
	1. Discretionary	\$	\$
	2. Non-Discretionary	\$	\$

5. INVESTORS

A.	Investor Class:	Percentage of AUM:
1.	High Net Worth Individuals	%
2.	Fund of Funds	%
3.	Corporations and Institutions	%
4.	Endowments and Charitable Organizations	%
5.	Domestic Pension Plans	%
6.	Foreign Pension Plans	%
7.	Sovereign Wealth	%
8.	Insider Capital	%
9.	Other (describe)	%
B.	Total Number of Investors	
C.	Total Number of Foreign Investors:	Percentage of AUM from Foreign Investors: %
D.	Minimum Investment Amount \$	

6. APPLICANT ANNUAL REVENUE

	Revenue:	Amount:
A.	Investment Advisory	\$
B.	Financial Planning/Family Office	\$
C.	Other (describe)	\$

7. APPLICANT SERVICE PROVIDERS

	Type:	Name:	Provider change in past 3 years?	Affiliated Entity?
A.	Outside Counsel		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Auditor		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Administrator		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	Compliance Consultant		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	Custodian		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F.	Prime Broker		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. INVESTMENT OPERATIONS

- A. Does the Applicant plan to launch any new Funds or strategies within the next 12 months? *If "Yes", attach details.* Yes No
- B. Did the Applicant have any Funds or strategies close within the past 12 months? *If "Yes", attach details.* Yes No
- C. Does the Applicant invest with any external advisors, or in any third party separately managed accounts or funds? *If "Yes", attach names of the advisors and funds and corresponding total AUM.* Yes No
- D. Are all Funds proposed for coverage exempt from ERISA plan asset rules? Yes No
- E. Has the Applicant received any notice from an outside auditor describing a material weakness in internal controls in the past 2 years? *If "Yes", attach details.* Yes No
- F. Does the Applicant:
 - 1. Engage in side letter arrangements? Yes No
 - a. If "Yes", do such side letters amend the economics of an investment or allow for preferential fees, liquidity, or transparency? Yes No
 - b. If "Yes", are these arrangements disclosed to all investors? Yes No
 - 2. Invest in, originate, syndicate, or service any loans? Yes No
 - 3. Use expert networks? Yes No
- G. Are all Applicant investor presentations and marketing materials containing past performance data consistent with audited results and reviewed by counsel prior to distribution? Yes No
- H. Does the Applicant perform advisory or other professional services for any third parties other than Funds, separately managed accounts, investors or portfolio companies? *If "Yes", attach details.* Yes No

9. OUTSIDE DIRECTORSHIP LIABILITY INFORMATION

Complete the below Portfolio Company Schedule (or provide such Schedule in a separate document) for all Portfolio Companies for which insured person outside directorship liability coverage is requested under the policy applied for. Such Schedule is part of this Application.

Type of Information:	Portfolio Company 1:	Portfolio Company 2:	Portfolio Company 3:
Portfolio Company Name			
Investing Fund Name			
Initial Investment Date			
Current Cost			

Current Value			
Ownership Percentage			
Number of Board Seats			
Leverage Ratio			
Public Ticker			
IPO Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are Portfolio Companies required to carry directors and officers or general partners liability insurance or similar insurance? Yes No
If "Yes", attach a schedule of such insurance for each Portfolio Company, including the name of the insurer, policy period, retention, and policy limits.

10. HEDGE FUND INFORMATION – TO BE COMPLETED BY ALL HEDGE FUND APPLICANTS

Complete the below Hedge Fund Schedule (or provide such Schedule in a separate document) for each Hedge Fund proposed for coverage under the policy applied for. Such Schedule is part of this Application.

Type of Information:	Fund 1:	Fund 2:	Fund 3:
Fund Name			
Date Formed			
Main Strategy			
Total Assets – Current			
Total Assets – 1 Year Prior			
Subscriptions – Past Year			
Redemptions – Past Year			

- A. Does the Applicant:**
- Utilize a systematic, algorithmic or high frequency trading strategy? Yes No
 - Engage in side pocket arrangements? Yes No
 - Use leverage? If "Yes", what is maximum allowable? _____ Yes No
 - Invest in illiquid investments? *If "Yes", provide a copy of the valuation policy and name of independent valuation agent if used: _____* Yes No
If "Yes" to question in 1 or 2 above, attach details.
- B. Has the Applicant in the past 2 years:**
- Held any positions where the aggregate holdings across all control persons, funds and accounts exceeded 10% of beneficial ownership of an issuer, as measured under Section 16 of the Securities Exchange Act of 1934? Yes No
 - Filed a Schedule 13D with the SEC as an activist? Yes No
 - Lowered gates or suspended redemptions for any Fund? Yes No
If "Yes" to any question in 1 through 3 above, attach details.

11. PRIVATE EQUITY & VENTURE CAPITAL INFORMATION – TO BE COMPLETED BY ALL PRIVATE EQUITY & VENTURE CAPITAL FUND APPLICANTS

Complete the below Private Equity and Venture Capital Fund Schedule (or provide such Schedule in a separate document) for each Fund proposed for coverage under the policy applied for. Such Schedule is part of this Application.

Type of Information:	Fund 1:	Fund 2:	Fund 3:
Fund Name			
Date Formed			
Total Committed Capital			
Total Contributed Capital			
Distributions Since Inception			

IRR Since Inception			
Current Cost			
Number of Active Portfolio Companies			

- A. Does the Applicant require Fund Indemnification Agreements from all Portfolio Companies? *If "No", attach details.* Yes No
- B. Has any Applicant Portfolio Company:
1. Filed for an IPO in the past 12 months or is any such Portfolio Company planning to file within the next 12 months? Yes No
 2. Filed for bankruptcy or reorganization in the past 3 years or is any such Portfolio Company considering filing in the next 12 months? Yes No
 3. Breached or violated any debt covenant, loan agreement, or other material contractual obligation during the past 12 months or is any such Portfolio Company expecting to do so in the next 12 months? Yes No
 4. Executed a leveraged recapitalization to pay a dividend in the past 3 years or is any such Portfolio Company considering doing so in the next 12 months? Yes No
 5. Been involved in any demand or proceeding in the past 3 years regarding the actual or alleged poaching of a competitor's employees or customers, misappropriation of trade secrets, or violation of a non-compete agreement? Yes No
 6. Hired teams or multiple individuals from a competitor (apart from an acquisition or merger transaction) in the past 3 years? Yes No
- If "Yes" to any question in 1 through 6 above, attach details; including how the firm manages litigation exposure when Portfolio Companies consider hiring teams or individuals from a competitor.*
- C. Does the Applicant have any directors, officers, or employees who serve as directors, officers or employees of a Portfolio Company who are involved in the decision to sell or distribute securities of such Portfolio Company? Yes No
- D. If the Applicant provides in-kind distributions to investors, do any directors, officers, or employees of the Applicant provide advice or make recommendations regarding the trading in Portfolio Company securities? Yes No
- E. Does the Applicant maintain policies or procedures to prevent the commingling of funds between the Applicant and Portfolio Companies? Yes No
- F. Does the Applicant have any employees, independent contractors, or operating partners serve as officers of Portfolio Companies at the direction of the Applicant? Yes No
- G. Does the Applicant have operating partners that are, or have been, directly compensated by Portfolio Companies? Yes No
- H. In the past 3 years, has the Applicant entered into any consortium or joint venture arrangements with outside parties (other than a co-investment vehicle) in order to invest in any Portfolio Companies? Yes No
- I. In the past 3 years, has the Applicant recommended: (i) termination of, or any other adverse employment-related action against, any member of a Portfolio Company's management; (ii) closing of a Portfolio Company facility; or (iii) termination of a Portfolio Company pension plan? Yes No

If "Yes" to any question in C through I above, attach details.

12. REAL ESTATE FUND INFORMATION – TO BE COMPLETED BY ALL REAL ESTATE FUND APPLICANTS

Complete the below Real Estate Fund Schedule (or provide such Schedule in a separate document) for each Fund proposed for coverage under the policy applied for. Such Schedule is part of this Application.

Type of Information:	Fund 1:	Fund 2:	Fund 3:
Fund Name			
Date Formed			
Total Committed Capital			
Total Contributed Capital			
Distributions Since Inception			
IRR Since Inception			
Current Cost			
Number of Active Portfolio Investments			

- A. Has any Fund:**
- Filed for bankruptcy or reorganization during the past 3 years or is any Fund considering filing for bankruptcy or reorganization in the next 12 months? Yes No
 - Owned a property that has been foreclosed upon or for which foreclosure is anticipated in the next 12 months? Yes No
 - Breached or violated any debt covenant, loan agreement, or other material contractual obligation in the past 12 months or for which a breach or violation is anticipated in the next 12 months? Yes No
 - Owned a property that has not covered its debt service in the past 12 months or for which a shortfall is anticipated in the next 12 months? Yes No
 - Owned a property for which it anticipates any problems refinancing or extending any property debt maturities in this current year or for which any problems are anticipated in the next 12 months? Yes No
- B. Does any Fund:**
- Own a property that is subject to a watchlist or on impaired status? Yes No
 - Own a property for which cash flow is not sufficient for all projection periods? Yes No
 - Own a property for which expiring tenant leases pose any significant risk (i.e. defaults, lease terminations, bankruptcies, increase in bad debt, rent relief, etc.)? Yes No
- C. Is any property or asset debt secured at the Fund level?** Yes No
- D. Regarding any property owned by a Fund, does any affiliated entity render services as a construction manager, property developer, property manager, architect or architectural consultant, real estate appraiser, real estate auctioneer, real estate agent or broker, engineer or environmental consultant?** Yes No
- E. Will the Applicant make investments involving any:**
- Loan/debt origination? Yes No
 - Tenant-in-common? Yes No
 - EB-5 Immigrant Investor Program? Yes No
 - Low Income Housing Tax Credits? Yes No
 - Section 8 Housing Choice Voucher Program? Yes No
 - 1031 Exchanges? Yes No

If "Yes" to any question in A through F above, attach details.

F. What is the Funds' average leverage ratio? _____%

Complete the Property Schedule below (or provide such Schedule in a separate document) for each Fund proposed for coverage under the policy applied for. Such Schedule is part of this Application:

Type of Information:	Property 1:	Property 2:	Property 3:
Property Name			
Investing Fund			
Initial Investment Date			
Current Cost			
Current Value			

Percent Ownership			
Loan to Value Ratio			
Occupancy Rate			
Joint Venture Partner			
Debt Maturity Rate			

13. MUTUAL FUND INFORMATION – TO BE COMPLETED BY ALL MUTUAL FUND APPLICANTS

Complete the below Mutual Fund Schedule (or provide such information in a separate document) for each Fund proposed for coverage under the policy applied for. Such Schedule is part of this Application.

Type of Information:	Fund 1:	Fund 2:	Fund 3:
Fund Name/Ticker			
Date Formed			
Fund Type (Open, Closed, ETF)			
Total Assets – Current			
Total Assets – 1 Year Prior			
Subscriptions – Past Year			
Redemptions – Past Year			

Does any Mutual Fund scheduled above:

A. Invest in illiquid assets?

Yes No

B. Use leverage?

Yes No

If “Yes” to question A or B above, attach details.

14. EMPLOYMENT PRACTICES INFORMATION

A. Employee Count:

		Current Year:	Prior Year:
1.	Full time employees:		
2.	Part time employees:		
3.	Employees located in CA:		
4.	Employees located in NY, MA, FL, and WA:		
5.	Employees located outside US:		
6.	Independent contractors:		

B. Annual compensation (salary + bonus):

Compensation range:	Percentage of workforce:
Less than \$50,000	%
Over \$50,000 up to \$100,000	%
Over \$100,000 up to \$250,000	%
Over \$250,000 up to \$500,000	%
Over \$500,000	%

C. Employee terminations

1. Employees terminated during past 12 months:

	Involuntary Terminations (layoffs, terminations, workforce reductions):		Voluntary Terminations (resignations, retirements):	
	Number of Employees	Number of Claim Release Waivers signed	Number of Employees	Number of Claim Release Waivers signed
Senior Management or Board of Directors				
All Other Employees				
Total				

For any changes in Senior Management or Board of Directors, attach details, including the individual's name, title, and circumstances surrounding departure.

2. In the next 12 months, does the Applicant expect to experience any:

- a. Layoffs, terminations, workplace reductions?** Yes No
- b. Changes in Senior Management or Board of Directors?** Yes No

If "Yes" to question a or b above, provide details.

D. Does the Applicant have formal written policies and procedures in place regarding:

1. Equal employment opportunity? Yes No
2. ADA accommodation? Yes No
3. Military Leave/USERRA? Yes No
4. FMLA? Yes No
5. Prohibition of discrimination? Yes No
6. Prohibition of workplace harassment? Yes No
7. Handling of complaints? If "Yes", does such policy:
 - a. Engage outside counsel upon receipt of complaint? Yes No
 - b. Require prompt and corrective action? Yes No
 - c. Provide multiple channels for reporting? Yes No
 - d. Address confidentiality of internal investigations and their results? Yes No
8. Employment at will? Yes No
9. Progressive discipline/firing of workers? Yes No
If "Yes", are warnings documented in writing? Yes No
10. Electronic communication and use of technology/social media? Yes No
11. Employee conduct and handling of complaints when dealing with third parties? Yes No

If "No" to any question in 1 through 11 above, attach details.

E. Does the Applicant:

1. Have a full time HR manager or department? If "No", who manages the HR function? _____ Yes No
2. Distribute and record the receipt of employee handbook to all employees? Yes No
3. Require employees to sign an arbitration agreement for workplace related claims? Yes No
4. Provide and document training regarding discrimination and workplace harassment for:
 - a. All employees? If "Yes", how often? _____ Yes No
 - b. Officers and managers? If "Yes", how often? _____ Yes No

5. Review all terminations with HR or legal counsel? Yes No

If "No" to any question in 1 through 5 above, attach details.

15. FIDUCIARY INFORMATION – TO BE COMPLETED BY ALL FIDUCIARY LIABILITY INSURANCE APPLICANTS

Complete the below Employee Benefit Plan Schedule (or provide such Schedule in a separate document) for each Plan proposed for coverage under the policy applied for. Such Schedule is part of this Application.

Type of Information:	Plan 1	Plan 2	Plan 3
Plan Name			
Plan Type*			
Total Assets			
Plan Status**			
Number of Participants			
Manager/ Administrator			
Annual Contributions			

*Defined Benefit, Defined Contribution, Pension, ESOP, Health & Welfare, etc.

**Active, Terminated, Frozen, etc.

- A. Do all Plans comply with plan agreements and ERISA? Yes No
- B. Do any Plans invest in affiliated funds? *If "Yes", attach a schedule.* Yes No
- C. Are there any outstanding delinquent contributions owed to any Plans? Yes No
- D. Has the Applicant experienced in the past 2 years, or does it expect to experience in the next year, any:
1. Plan mergers, restructurings or terminations? Yes No
 2. Reductions in Plan benefits? Yes No
 3. Events reportable to Pension Benefit Guaranty Corporation? Yes No
 4. Investigations by the Department of Labor or Internal Revenue Service? Yes No
- E. Do any Plans utilize revenue sharing arrangements to compensate service providers? Yes No
- F. How often is there a review of fees paid by the Plans?
 Annually Semiannually Quarterly
- G. How often is there a review of the investment options in the Plans?
 Annually Semiannually Quarterly
- H. Is a third-party engaged to help conduct any of the above reviews? If "Yes", Yes No
 identify third-party: _____

If "Yes" to any question in A through E above, attach details.

16. COST OF CORRECTIONS INFORMATION – TO BE COMPLETED BY ALL COST OF CORRECTIONS INSURANCE APPLICANTS

- A. Provide average daily trading volume by:
1. Total number of trades: _____
 2. Dollar value: _____
- B. What is the average annual turnover rate of total AUM? _____%
- C. Does the Applicant have a computer compliance program/system used to monitor Yes No

transactions for investment and regulatory compliance, including whether it is pre-trade, post-trade or both? *If "Yes", attach details.*

D. Does the Applicant maintain an account in order to offset losses caused by trade errors? *If "Yes", attach details.* Yes No

E. How often are trade orders given verbally and how is the process documented?

F. Do written agreements with Funds or clients limit the advisor's liability for trade error loss? Yes No

G. Does the Applicant disclose its policy with regard to trade error losses to all investors and clients? Yes No

H. Are there formal, written trade error resolution procedures? Yes No

I. In the past 3 years, how many trade errors:

1. Were detected? _____
2. Exceeded \$50K? _____
3. Required remedies? _____

What procedures have been implemented to ensure that the above trade errors do not reoccur? _____

17. INSURANCE HISTORY (DO NOT COMPLETE FOR RENEWAL APPLICATIONS OF ARCH POLICIES)

A. Is the Applicant currently insured under any insurance policy similar to the policy applied for? *If "Yes", identify the following information:* Yes No

Insurer:

Limit of Liability:

Retention/Deductible:

Policy Period:

Premium:

B. **(MISSOURI RESIDENTS SHOULD NOT ANSWER THIS QUESTION)**
During the past 3 years, has any insurer canceled or refused to renew any insurance policy similar to the policy applied for? Yes No

18. LOSS/CLAIMS INFORMATION

A. During the past 3 years, has the Applicant given notice of any claim, circumstance, potential claim, or loss to any insurer under any insurance policy similar to the policy applied for? *If "Yes", attach details for each such matter.* Yes No

B. During the past 3 years and other than as described in response to question 18.A above, has any person or entity proposed for coverage under the policy applied for been the subject of, or involved in, any:

1. Demand or proceeding regarding actual or alleged violation of:

a. Securities laws? Yes No

b. Employment laws? Yes No

c. Antitrust, copyright or patent laws? Yes No

2. Representative actions, class actions, or derivative suits? Yes No

3. Governmental, regulatory or administrative proceeding or investigation regarding any actual, alleged, or possible violation of law? Yes No

If "Yes", for any question in 1 through 3 above, attach details for each such matter.

C. Other than as described in response to questions 18.A or 18.B above, has there been any claim against any person proposed for coverage under the policy applied for that may be covered under any insurance policy similar to the policy applied for? Yes No
If "Yes", attach details for each such matter.

IT IS AGREED THAT ANY CLAIM FOR, BASED UPON, ARISING FROM, OR IN ANY WAY RELATED TO ANY ACTUAL OR ALLEGED CLAIM, CIRCUMSTANCE, OR OTHER MATTER DESCRIBED IN A, B, OR C ABOVE WILL BE EXCLUDED UNDER THE POLICY APPLIED FOR.

19. PRIOR KNOWLEDGE (DO NOT COMPLETE FOR RENEWAL APPLICATIONS)

Does any person or entity proposed for coverage under the policy applied for have any knowledge of, or information concerning, any actual or alleged act, error, omission, fact or circumstance which may result in a claim that may fall within the scope of coverage under the policy applied for? Yes No
If "Yes", attach details for each such matter.

IT IS AGREED THAT ANY CLAIM FOR, BASED UPON, ARISING FROM, OR IN ANY WAY RELATED TO ANY ACTUAL OR ALLEGED ACT, ERROR, OMISSION, FACT OR CIRCUMSTANCE OF WHICH ANY SUCH PERSON OR ENTITY HAS ANY KNOWLEDGE OR INFORMATION WILL BE EXCLUDED UNDER THE POLICY APPLIED FOR.

20. REQUIRED INFORMATION

Attach copies of the following information for the Applicant:

All Coverages

- A. Most recent audited financial statements (if available)
- B. Due Diligence Questionnaire (if available)
- C. Senior management biographical information
- D. Most recent audited financial statements and quarterly reports to investors for each Fund.
- E. Most recent offering memorandum and partnership agreement.
- F. Complete schedule of all open proceedings regarding actual or alleged violations of securities laws, employment laws, antitrust, copyright or patent laws (including but not limited to claims alleging tortious interference with contracts and misappropriation of trade secrets) or any governmental, regulatory or administrative proceeding or investigation involving your Portfolio companies. Include details such as the party bringing the action, the forum and venue, and basic allegations underlying the matter. (New Buyer Applicants only).

Fiduciary Liability

- A. Copy of Form 5500 for each Plan
- B. Audited financial statements with investment portfolios for each plan
- C. Plan descriptions and financial statement for any non-qualified plans

The Applicant declares that the information in this Application, including any information and materials submitted with this Application, is true, accurate and complete. Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any policy of a claim or potential claim. All such notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: 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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 fines and confinement in prison.

NOTICE TO 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 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO OHIO APPLICANTS: Any person who, with 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.

NOTICE TO 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of 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 are present, it may be reduced to a minimum of two (2) years.

This Application must be signed by any one of the following officials of the Applicant: Managing General Partner; General Partner; Managing Partner; Managing Director; Chief Financial Officer; or General Counsel.

Date: _____

Signature: _____

Title: _____