



## Application for Hedge Fund Errors & Omissions and Directors & Officers Liability Coverage

### **PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS IN CONJUNCTION WITH THIS APPLICATION:**

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Fund Documents including Offering Memorandums, Limited Partnership Agreements, Private Placement Memorandum or Pitch Book if you are new fund

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Latest audited Financial Statements of all funds

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Due Diligence Questionnaire

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ADV I and II

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Latest Historical Performance of all funds

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Last 4 investor letters

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Entity Structure Chart

*If additional information is required when answering any of the questions within the application, please do so on a separate sheet and attach to this application form.*



**1 Proposed Effective Date of Coverage** \_\_\_\_\_

**2 Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**3 Years in Operation** \_\_\_\_\_

**4 Strategy**

Long/Short    Long only    Short only    Real Estate    Credit    Quantitative    Multi-strategy  
 Other (please describe) \_\_\_\_\_

**5 AUM** \_\_\_\_\_

# of Funds \_\_\_\_\_

Performance Summary (Last FY, Prior FY) \_\_\_\_\_

Any Closed Funds?    Yes    No   *(If Yes, attach details.)*

**6 Distribution of AUM by investor class:**

<b>Investor Class</b>	<b>% of AUM</b>
High Net Worth .....	_____ %
Fund of Funds .....	_____ %
Corporations/Institutions .....	_____ %
Endowments/Charitable Organizations .....	_____ %
Pension Plans .....	_____ %
Insider Capital .....	_____ %
Other (please describe) .....	_____ %

**7 Does the Applicant have any Separately Managed Accounts (SMAs)?** .....    Yes    No

If Yes, do any SMAs have restrictive investment mandates? .....    Yes    No

If Yes, please provide detailed procedures to ensure compliance with mandates. *(Please provide in separate e-mail or attachment.)*

**8 Management Fee and Incentive Compensation Structure (% / %)?** \_\_\_\_\_

*(if variable across different funds, please provide details.)*

**9 Third Party Service Providers:**

<b>Type of Service Provider</b>	<b>Name of Service Provider</b>
Outside Counsel .....	_____
Auditor .....	_____
Administrator .....	_____
Distributor .....	_____
Transfer Agent .....	_____
Broker-Dealer .....	_____
Custodian .....	_____

**10 For Cost of Corrections coverage, please detail, over the past 5 years:**

How many trade errors have been detected? \_\_\_\_\_

*(Please provide a list of all trade errors, including description, total dollar value and date of occurrence.)*

How many trade errors have required remedies? \_\_\_\_\_

What procedures have been implemented to ensure these errors do not recur? \_\_\_\_\_



**11 Any Changes in Senior Management Last 12 Months?** .....  Yes  No  
*(If Yes, attach details.)*

**12 Any claims and/or regulatory investigations** (other than routine audits) **of the firm in the last 5 years?** ....  Yes  No  
*(If Yes, attach details.)*

**13 Any claims and/or regulatory investigations** (other than routine audits) **of any individual in the last 5 years?**  Yes  No  
*(If Yes, attach details.)*

**14 Regarding the coverage applied for, has the Applicant given notice of any claim, circumstance, potential claim, or loss to any insurer?** .....  Yes  No  
*(If 'Yes' attach a detailed explanation of all such claims, circumstances, potential claims, and losses.)*

**15 PRIOR KNOWLEDGE (DO NOT COMPLETE FOR RENEWAL APPLICATIONS)**  
Does any person or entity proposed for coverage have any knowledge of or information concerning and actual or alleged act, error, omission, fact or circumstance which may result in a claim that may fall within the scope of the coverage for which the Applicant herewith applies? .....  Yes  No  
*(If 'Yes', attach a detailed description of such.)*

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**IT IS AGREED THAT ANY CLAIM ARISING FROM, BASED UPON, OR ATTRIBUTABLE 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 FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

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**This application must be signed by one of the following officials of the Applicant: CEO, CFO, COO, GC.**

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_