

Proposal Form

Elite Investment Managers Insurance

Completing the Proposal Form

- Please read the Important Notices on page 10.
- Please answer all questions. If you have insufficient space to complete an answer, attach a separate signed and dated sheet and identify the question number concerned.

Please enclose with this Proposal Form:

- a. latest audited annual reports and interim reports of the Investment Manager and Funds;
- b. latest prospectus or offering memorandum to investors of each of the Funds;
- c. Copy of the licences issued by the appropriate regulators;
- d. Portfolio performance information for the past five years;
- e. Copy of standard client contract(s);
- f. Resumes of the investment managers and Directors in the Investment Manager;
- g. Copy of any brochures or marketing information;
- h. Organisational Chart;

A. G	eneral	details			
1	a)	Name of Investment Manager			
	b)	Principal address of Investment			
		Manager	Street Address	City	
			State	Post Code	
2	Inte	ernet Address or website:			
3		ure of activities of the Investment nager			
4	Plea	se complete the attached Details of	Investment Manager's Activities on Page 13.		
5	Is tl	ne Investment Manager licensed by	any regulatory authority?	□ Yes	\square No
	If so	o, please list the regulatory authorit	ies		
6	_	what date was the Investment nager first established?			
7	a)	Is the Investment Manager listed	on any local or overseas stock exchange?	□ Yes	□ No
	If ye	es, please provide full details			
	b)	Is the Investment Manager trade	d in any other way?	☐ Yes	□ No
	If ye	es, please provide full details			

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8	Are there any shareholders who own 10% or more of the issued shares?	□ Yes	\square No
	If yes, please provide full details		
9	Has there been during the past three (3) years, or is there now proposed:		
	a) any acquisition or merger involving the Investment Manager?	□ Yes	\square No
		☐ Yes	□ No
	If yes, please provide full details		
10	a) Number of offices		
	b) Are any of the Investment Manager's offices located in the USA?	□ Yes	□ No
	If yes, please provide full details		
	if yes, please provide run details		
11	Number of employees		
	c) Breakdown of employees		
	Portfolio Manager		
	Compliance Department		
	Internal Audit Department		
	Legal Department		
	HR Department		
	Research Department		
	Marketing/ Sales Department		
	Others		
12	Do you recommend investment areas other than commonly traded securities?	\square Yes	\square No
	If yes, please describe the specialty area, state its percentage of total investment assets geographic locations if applicable.	s, objectives of inv	estment, and
13	State the type and frequency of reports sent to investors (please attach a copy).		
14	Are customers permitted to select their own broker?	☐ Yes	□ No
15	Are customer's transactions managed by an in-house broker?	□ Yes	□ No
16	Does the Investment Manager make use of any soft dollar arrangements?	□ Yes	\square No
	If yes, is it properly and adequately disclosed to the customers?	\square Yes	\square No



	If yes, please describe the disclosure arrangement.	Yes No No No No No No No N					
17	Do you utilise a custodian?	□ Yes	□ No	-			
	If yes, please state the name of the custodian and the functions it performs on behalf of the	Investment I	Manager				
3. Fu	nds						
1	Please complete the attached Schedule of Funds on Page 10.						
2	Is cover required for any appointed agents to act in connection with the Funds?	□ Yes	□ No				
	If yes, please provide details as to the agents appointed; the services provided; and whether maintain their own insurances in connection with the Funds.	the agents a	re required to				
3	Are shares of any Funds sold or investment advisory services offered to investors residing in the USA?	□ Yes	□ No				
	If yes, please provide details.						
4	Have there been any changes or modification in the prospectus, investment restrictions or limitations of any Fund within the past 2 years?	□ Yes	□ No				
	If yes, please provide details.						
5	Has any government agency, foreign or domestic, conducted an inspection of any Funds or Investment Manager within the past three (3) years?	□ Yes	□ No				
	If yes, was any letter of deficiency or review of licensing received as a result of the inspection?	□ Yes	□ No				
	If yes, please attach a copy of such letter and management's response.						
6	Has the fund had redemptions of more than 20% in any single month over the last five years?	□ Yes	\square No				
	If yes, please provide details.						
7	Do all funds carry out due diligence on potential investors to ensure suitability for investment in the fund, and is a document completed by potential investors identifying their risk profile and ensuring their understanding of all risks involved?	□ Yes	□ No	_			
8	Is the Net Asset Valuation procedure of the fund fully independent and do valuation procedures comply with all relevant 'fair value' regulations?	□ Yes	□ No				
9	Do the fund Directors have any investment in the fund?	□ Yes	□ No				



made by the internal audit department?

If no, please explain:

C. Outside directorships Is cover required for any Outside Directorships held in any Outside Organisation with the □ Yes \square No knowledge and consent or at the request of the Investment Manager / Funds? [Outside Directorship means any position held by an Insured in any company or organisation, which is not a subsidiary of the Company and which is held at the request of the Investment Manager.] If yes, please provide the following information for each Outside Organisation; The name of the Outside Organisation; b) The Country of incorporation; The nature of activities of the Outside Organisation; c) d) Is the Outside Organisation listed or not? If yes, where Is the Outside organisation trading profitably? e) f) The percentage ownership by the Investment Manager / Managed Investment Funds? Does the Outside Organisation currently carry directors and officers insurance? g) □ Yes \square No i) Who is the insurer? What is the limit of indemnity? ii) Whats is the deductible? iii) D. Audit **Internal Audit:** Is there an Internal Audit Department that is separate from the auditing services provided \square No by an external auditor? If yes: How often are full internal audits conducted? a) b) Have they been trained to fulfil this function? □ Yes □ No Are the personnel responsible for auditing free of all other operational c) ☐ Yes \square No responsibilities and forbidden to originate entries? d) Does the Internal Audit Department conduct a periodic surprise audit of internal \square Yes \square No control systems at all locations? e) Is the internal audit department independent of any other function? ☐ Yes \square No f) Does the Internal Auditor report directly to the Audit Committee of the ☐ Yes \square No **Board of Directors?** Do you have procedures in place to monitor the implementation of recommendations 2 □ Yes \square No

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External audit

3	State the name of the external auditors who fully audit your accounts.								
4	How often are full external audits conducted?								
5	Does the audit include all offices and branches, including Data Processing offices? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$								
	If no, what form does the audit take?								
6	Does the external auditor:								
	a) regularly review the system of internal control and furnish written reports?	\square Yes	\square No						
	b) report directly to the Audit Committee of the Board of Directors?	\square Yes	\square No						
7	Has the firm rendered an unqualified opinion for each of the last five (5) years?	□ Yes	□ No						
8	Has there been any change in the firm used by the Company in the last five (5) years?	□ Yes	□ No						
	If yes, please explain.								
9	Have all recommendations been complied with as a result of the most recent audit?	\square Yes	\square No						
	If no, have you adopted alternative arrangements to the satisfaction of your auditor?	\square Yes	\square No						
E. Leg	gal counsel								
E. Leg 1	a) State the names of external legal counsel routinely utilized.								
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	a) State the names of external legal counsel routinely utilized.b) What is external legal counsel used for?	□ Yes	□ No						
	 a) State the names of external legal counsel routinely utilized. b) What is external legal counsel used for? c) Is there an in-house Legal Department? 	□ Yes	□ No						
1	 a) State the names of external legal counsel routinely utilized. b) What is external legal counsel used for? c) Is there an in-house Legal Department? If yes, what are the department's responsibilities? Is there a standard written agreements/contracts/letter of offer setting out the terms and conditions of the services provided? 								
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1	a) State the names of external legal counsel routinely utilized. b) What is external legal counsel used for? c) Is there an in-house Legal Department? If yes, what are the department's responsibilities? Is there a standard written agreements/contracts/letter of offer setting out the terms and conditions of the services provided? If yes, i) are all contracts approved by legal counsel?	□ Yes	□ No						



r. Age	ants		
1	Are all agents/service providers:		
	a) appointed under a written contract?	□ Yes	□ No
	b) vetted for financial stability, competency and honesty before being approved?	□ Yes	□ No
	c) required to hold and maintain their own Professional Indemnity Insurance?	□ Yes	\square No
G. Cla	ims history		
1	Have there been, or is there now pending any suits, claims, or proceedings against the Investment Manager, the Fund(s), or any Director, Officer, Employee, Trustee or agents proposed for coverage?	□ Yes	□ No
	If yes, please provide full details.		
2	Is the Investment Manager, the Fund(s), or any Director Officer, Employee, Trustee or agents proposed for this insurance aware of any fact, circumstance, situation or Wrongful Act which would fall within the scope of the proposed insurance?	□ Yes	□ No
	If yes, please provide full details.		
3	Has any claim been made under any prior or current insurance policies in the last six (6) years, providing coverage to the Investment Manager, the Managed Investment Fund(s), or any Director, Officer, Employee, Trustee or agents for this insurance, or has notice been given to any company providing such coverage?	☐ Yes	□ No
	If yes, please provide full details.		
Direct	pect to Questions G1, G2 and G3, it is agreed that if the Investment Manager, the tor, Officer, Employee, Trustee or agents are aware of any such suit, claim, processtance, situation or Wrongful Act, any claim subsequently arising therefrom with blicy.	eding, fact,	-
4	Has any insurer refused, cancelled or non-renewed coverage?	□ Yes	\square No
	If yes, please state reasons:		



H. Existing policies and cover required

1 Provide the following information of existing insurance policies for the investment manager:

		Insurer	Limit	Deductible	Expiry date
	Professional Indemnity:				-
	• Investment Manager				
	Directors' and Officers' Liability				
	• Investment Manager				
	• Fund(s)				
2	Effective Date of coverage				
3	Coverage requested				
	Professional Indemnity:				
	• Investment Manager			☐ Yes	\square No
	Directors' and Officers' Liability				
	• Investment Manager			☐ Yes	\square No
	• Fund(s)			□ Yes	\square No
4	Limit of Liability - Aggregate each Policy	Period			
5	Dedictible Required				

I. IMPORTANT NOTICES

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Claims Made Contract

Subject to its terms and conditions the Policy will cover your legal liability for any claim:

- first made against you during the Policy Period;
- resulting from any circumstance of which you become aware during the Policy Period which could give rise
- to a future claim against you provided you immediately inform us in writing of such circumstances within the Policy Period.



The Policy will NOT cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the Policy Period.

Change of Risk or Circumstances

You should advise Chubb as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the Policy, that you will not seek to recover such loss or damage from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

J. Declaration

We acknowledge that we have read and understand the Important Notices contained in this proposal.

We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Chubb.

We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform Chubb of any material alteration to those facts before completion of the contract of insurance.

Signed	
Chairperson	Managing Director/Chief Executive Officer
Dated	

NOTE: This PROPOSAL and all attachments shall be treated in strictest confidence. NOTE: This PROPOSAL and all attachments shall be treated in strictest confidence.



Details of investment manager's activities (Question A.4)

	Current Y	/ear			Prev	ious Year		
Number of Investors								
Split of Investors by domicile								
% UK								
% US								
% Europe								
% Asia Pacific								
% Australia/New Zealand								
% ROW								
Split of Investors - % Institutional or Qualified Buyer / % Retail		%		%		%		%
Total Asset Value of All Managed Accounts								
Asset Value of Largest Account								
Total Number of Accounts Lost in Previous 12 Months								
Total Value of Accounts Lost in Previous 12 Months								
Total Fee Income (split % Management Fee / % Performance Fee).		%		%		%		%
Any High Water Mark and or Hurdle Rate?	HWM?		HR?		HWM	[?	HR?	
% Discretionary Accounts / % Non-Discretionary Accounts		%		%		%		%



Schedule of proposed funds to be insured (Question B.1)

Name	Date established			Listed or unlisted	Discretionary or non-	Total assets	Total assets	Total number	Number & % of	% institutional/ qualified	% inve	stors fro iles:	m followin	ıg
		funds	discretionary management	This Year	Previous Year	of investors	investors with 5%+ holding	investors	% US % UK		% Europe	% ROW		

This information is attached to and forms a part of the Proposal

Chubb. Insured.[™]

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Chubb European Group Limited, organizační složka, se sídlem Pobřežní 620/3, 186 00 Praha 8, identifikační číslo 278 93 723, zapsaná v obchodním rejstříku vedeném Městským soudem v Praze, oddíl A, vložka 57233, organizační složka společnosti Chubb European Group Limited, se sídlem 100 Leadenhall Street, Londýn EC3A 3BP, Velká Británie, registrační číslo 1112892, oprávněná k podnikání a regulovaná Prudential Regulation Authority a Financial Conduct Authority ve Velké Británii. Orgánem dohledu pro výkon činnosti v České republice je Česká národní banka; tato regulace může být odlišná od práva Velké Británie.

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