

Investment Managers Insurance Proposal Form

Included in this Proposal:

- Proposal Form (Pg 1 - 14)

Addendum to complete if applicable:

- Real Estate Investment Trust Addendum (Pg 15 - 16)



Important Notice

Claims Made Insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimidated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

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 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.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their 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.

Privacy Policy

Liberty International Underwriters Limited (No. 2400200) (LIU) is a company incorporated and authorised to conduct insurance in Hong Kong. It is a member of the United States-based Liberty Mutual Group (LMG). LIU's contact details are:

Address: Suites 2401-04 24/F Cityplaza One, 1111 King's Road Tai Koo Shing, Hong Kong
Phone: +852 3655 2600

LIU is bound by the Personal Data (Privacy) Ordinance (Cap. 486) and its associated Data Protection Principles when it collects and handles your personal data.

LIU collects personal data, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. LIU passes it to third parties involved in this process such as LIU's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Australia and Malaysia. Your information may be transferred to countries without comparable data protection laws if it is reasonably necessary to provide you with the products or services you seek from LIU. If you do not provide the personal data LIU or other relevant third parties require to offer you specific products or services, LIU may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal data, make a personal data complaint, or if you have any query about how LIU collects or handles your personal data please write to LIU's Privacy Officer at the address above or by emailing: privacy.officer_ap@libertyiu.com. To obtain a copy of LIU's Privacy Policy go to LIU's website (www.liuhongkong.com.hk) or request a copy from LIU's Privacy Officer.

When you give LIU personal or sensitive information about other individuals, LIU relies on you to provide its Privacy Notice to them. If you have not done this, you must tell LIU before you provide the relevant data.



Investment Managers Insurance

Important: Please answer all questions fully. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

Details of the Proposer

1. Please state the full name of the investment manager and any other entities (including subsidiaries) to be insured (collectively referred to in this form as the 'Proposers').

2. Address of the principal office (Please provide a street address only)

3. Company details

Country of registration _____

Date or year established _____

Website address _____

4. Please indicate the business activities of the Proposers:

Mutual (including hedge) fund Real estate investments

Venture capital / private equity Multi-family office

Others (please specify) _____

Please Note: Please complete the **attached** addendum if any activities relate to a Real Estate Investment Trust.

5. Please advise the number of staff in the following categories:

Portfolio Manager	Sales/ Marketing	Legal/ Compliance	Clerical/ Administration	Research	Other Staff (Please specify)	Total



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6. During the last 3 years, has there been:

- a) Any acquisition or merger involving the Proposers? Yes No
- b) Any change in capital structure of the Proposers? Yes No
- c) Any change in the name of the Proposers? Yes No

If "Yes", please provide details.

7. Are the Proposers licensed by any regulatory authority? Yes No

If "Yes", please list the regulatory authority.

8. Are the Proposers:

- a) A private company? Yes No
- b) A public company? Yes No
- c) Listed or traded on any stock exchanges? Yes No

If the answer to (c) is "Yes", please provide details.

9. Please list the shareholders who control 10% or more of the issued shares of the Proposers and the percentage shares held.

%

%

%

10. Do the Proposers or Insured Funds require cover for any Outside Directorships? Yes No

If "Yes", please complete Schedule B **attached**.



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11. Please list the management fee & performance fee income from the following professional services:

Professional Services	Last Completed Financial Year (FY_____)	Current Financial Year Forecast (FY_____)	Next Financial Year Forecast (FY_____)
Management fee	\$	\$	\$
Performance fee	\$	\$	\$
Total	\$	\$	\$

Particulars of Insured Funds

12. Please complete Schedule A **attached** for all funds, trusts, managed investment schemes, investment vehicles or investment mandates to be insured (collectively referred to in this form as the 'Insured Funds').

13. Please provide the percentage split of investor base by geography, proportionate to Assets under Management:

Geography	USA/Canada	UK/Europe	Australia	Asia	Rest of World (please specify)	Total
Percentage						100%

14. Please provide the percentage split of investor base by type of total fund assets, proportionate to Assets under Management:

Type	Pension Fund	Institutional Investors	HNW Individuals	Retail Investors	Others (please specify)	Total
Percentage						100%

North America Activities

15. Do the Proposers have any subsidiaries, assets or employees in the USA or Canada? Yes No

If "Yes", please provide details.

16. Do the Insured Funds have any assets or investments in the USA or Canada? Yes No

If "Yes", please provide details.



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17. Are the Proposers or Insured Funds regulated by the U.S. Securities and Exchange Commission? Yes No

If "Yes", please provide details of regulation status/licenses.

Risk Management, Compliance & Audit Functions

18. Are all publications, marketing material or other product or service communications reviewed by legal counsel prior to their release to third parties? Yes No

If "No", please provide details as to how this risk is managed.

19. Do the Proposers and Insured Funds have:
- a) A developed risk management framework? Yes No
 - b) A formalized due diligence process in place to assess any investment strategy? Yes No
 - c) Formalized procedures in place to meet redemption requests correctly, without the risk of fraudulent redemptions, in a timely manner? Yes No
 - d) Formalized procedures in place to prevent breaches of investment mandates or engagement letters? Yes No
 - e) An internal audit plan in place? Yes No
 - f) A compliance plan in place? Yes No
 - g) Periodic reviews to verify the effectiveness of the risk management, operations and compliance programs? Yes No

If "No" to any of the above, please provide details as to how this risk is managed.



Investment Managers Insurance

20. Who audits:

a) The Insured Funds: _____

b) The investment manager: _____

Have all recommendations of these auditors been implemented?

Yes

No

If "No", please provide details.

21. Please provide details of the Proposers' professional services providers or agents:

Trustee _____

Custodian _____

Administrator _____

Legal _____

Stockbroker / dealing _____

Sales agent _____

Other _____

22. Do the Proposers segregate the following duties so that no one employee is permitted to control any transaction from commencement to completion?

a) Signing cheques or authorising payments of any nature above \$20,000

Yes

No

b) Issuing or amending funds transfer instructions

Yes

No

c) Opening new bank accounts

Yes

No

If "No" to any of the above, please provide details.

23. Please advise the maximum value of any one fund transfer:

\$ _____

24. Please advise the security measures in place for funds transfers such as call-back or other authentication procedures.



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25. Are systems in place to detect unauthorised changes to transactions or unusual transactions? Yes No

If "No" please provide details.

26. Do you require and record confirmation (either verbal or written), obtained from contact information (either a phone number or e-mail address) already held on file, to authenticate changes to bank accounts or personal details requested by:

- (i) Clients? Yes No
(ii) Third party vendors or suppliers? Yes No

If "No" to any of the above, please provide an explanation.

If instead this responsibility has been contractually outsourced to an external party such as an administrator or custodian bank, please provide details such as who this contracting party is and what additional controls you have with authenticating such changes.

27. a) Do you require and record confirmation (either verbal or written), obtained from contact information (either a phone number or e-mail address) already held on file, to authenticate all financial transfer instructions requested by:

- (i) Clients? Yes No
(ii) Third party vendors or suppliers? Yes No

If "No" to any of the above, please provide an explanation.

If instead this responsibility has been contractually outsourced to an external party such as an administrator or custodian bank, please provide details such as who this contracting party is and what additional controls you have with authenticating such changes.



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- b) If such confirmation is not obtained for all financial transfers, is this undertaken for transfers over a specific amount? Yes No

Please advise the amount. \$ _____

28. Is there an independent validation undertaken by another member of staff (not originating the change instruction) for:

- (i) Changes to bank account or personal details? Yes No
(ii) Financial transfer instructions? Yes No

If "No" to any of the above, please provide an explanation.

29. Please detail any additional controls you may have with regards to managing exposure to social engineering fraud.

30. Are all computer passwords withdrawn when people cease employment? Yes No

31. Are all amendments to software programs approved independently from the person making the amendment? Yes No

Claims History

Please Note: It is critical that you make appropriate enquires of all persons and entities intending to be insured under this insurance before answering Questions 32-34.

32. Has any partner or director of the Proposers or Insured Funds had any fine or penalty imposed or ever been subject to any disciplinary proceedings or any regulatory or official inquiry? Yes No

If "Yes", please provide details.



Investment Managers Insurance

33. Has a professional liability claim, a management liability claim, a securities claim or a crime loss ever been made against or claimed by the Proposers or Insured Funds (or any previous company name used by the Proposers or Insured Funds), or any past or present partners, directors or employees of the Proposers or Insured Funds?

Yes No

If "Yes", please provide details including nature of the allegations, claimant, current status, amounts paid and reserve amounts.

34. Are the Proposers or Insured Funds including any of its partners, directors or employees aware of any facts which might give rise to a professional liability claim, a management liability claim, or a securities claim against any of them or crime loss sustained by any of them?

Yes No

If "Yes", please provide details.

35. Have any special terms or conditions ever been imposed on any insurance policy held by the Proposers or Insured Funds?

Yes No

If "Yes", please provide details.

36. Have the Proposers or Insured Funds ever had any entitlement to indemnity under any insurance policy denied, or otherwise affected due to non-disclosure, misrepresentation or breach of a policy provision?

Yes No

If "Yes", please provide details.



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37. Has any insurer ever refused to provide terms or offer renewal terms to the Proposers or Insured Funds or has any insurance held by the Proposers or Insured Funds ever been avoided or cancelled by an insurer? Yes No

If "Yes", please provide details.

38. Do the Proposers or Insured Funds currently hold any similar professional liability or management liability insurance? Yes No

If "Yes", please advise the following:

Insurer _____

Expiry Date _____

Sum Insured _____

Excess _____

Limit of Liability

39. Limit of Liability sought:

a) \$ _____

b) \$ _____

40. Excess sought:

a) \$ _____

b) \$ _____

Optional Extensions

Please Note: If you request any of these extensions, Liberty is not obliged to offer them. If Liberty decides to offer any of these extensions it may charge an additional premium. The below are descriptions of the cover only. To fully understand the cover provided by these extensions you must read the relevant clause in the policy wording and/or seek advice from your insurance adviser.

41. Cyber

Would you like the policy to be extended to provide cover for cyber liability, fines and penalties imposed due to privacy breaches, privacy regulatory expenses and mandatory notification costs incurred in respect of privacy breaches (all arising from the performance of professional services) and cyber extortion?

Yes No

If "Yes", please answer the following questions:

- a) Do the Proposers enforce a software update process with the installation of software patches?

Yes No

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- b) Are critical patches prioritised and installed with immediate effect? Yes No
- c) Do the Proposers encrypt all sensitive and confidential data stored on laptop computers and portable media? Yes No

If 'No' to any of the above, please provide an explanation.

- d) Are the Proposers aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on behalf of the Proposer in the last three years? Yes No
- e) Are the Proposers aware of any systems related problem, extortion threat, or network outage, which is likely to lead to suffering a loss or claim that would be covered by this insurance? Yes No

If 'Yes' to d) or e) please attach details of each problem or network outage on a separate attachment.

42. Employment Practices Liability

Would you like the policy to be extended to provide cover for claims made against the Proposers or Insured Funds for employment related claims? Yes No

If the answer to this question is "Yes", please answer the following questions:

- a) Do the Proposers have written employment procedures (e.g. employee handbooks) that are available to each employee? Yes No
- b) Please list the number of retrenchments that have occurred over the last 12 months and please advise if any are expected over the next 12 months.



Additional Information Required

Please **attach** the following:

- Information memorandum or product disclosure statements or trust deed for all funds, trusts, managed investment schemes, investment vehicle or investment mandates to be insured.
- A sample compliance plan.
- Latest annual report of the investment manager, including audited financial statements.
- Business plans if the Proposers are a start-up operation.
- Latest fund performance report.
- CVs of key personnel.
- A copy of the organization chart.
- A copy of the Proposers' standard client contracts.
- A copy of the Proposers' complaints register.

Declaration

(To be signed by the chairperson and an executive officer.)

We, the undersigned, declare and acknowledge:

- that we are, after enquiry, authorised by all persons and entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, we are obliged to inform Liberty International Underwriters of any changes to any information supplied or of any new information that is relevant;
- that we understand Liberty International Underwriters relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that if a Contract of Insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such Contract of Insurance;
- that we have read and understood the Important Notices which form part of this proposal;
- that we understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty International Underwriters, if any.

Signed

Print Name

Title Chairperson

Dated

Signed

Print Name

Title Executive Officer

Dated

Liberty International Underwriters Limited (No. 2400200), a company incorporated and authorised to conduct insurance in Hong Kong with a place of business at Suites 2401-04/24F, Cityplaza One, 1111 King's Road, Tai Koo Shing, Hong Kong SAR.

Schedule B – Outside Directorships

Name of outside entity	Share capital % owned by the Company	Country of incorporation	Is the outside entity listed on any stock exchange? (Yes/No)	If Yes, which stock exchange?	Does the outside entity provide an indemnity for the outside director(s)?	If the outside entity has current D&O insurance, please state policy limit, insurer and period of insurance

Real Estate Investment Trust Addendum

1. Are asset property management services performed in house? Yes No

If "No", who provides these services?

2. Please provide a breakdown by property type:

a) Residential	_____ %
b) Commercial	_____ %
c) Industrial	_____ %
d) Land only	_____ %
e) Construction	_____ %
f) Other	_____ %

3. Please provide a breakdown of lease profiles due:

a) Within the next 12 months	_____ %
b) Within 12 – 24 months	_____ %
c) Greater than 24 months	_____ %

4. Please provide details below of any lease holder who represents over 30% of revenue of the fund.

a) Who is the lessee?

b) When are the leases due?

5. Please provide details on what the property occupancy rates are for each fund.

6. Please provide details on when the properties were last valued and by whom?

7. Please provide details on any funds that have been frozen or redemptions suspended over the past 5 years?



Declaration

(To be signed by the chairperson and an executive officer.)

We, the undersigned, declare and acknowledge:

- that we are, after enquiry, authorised by all persons and entities seeking insurance, to sign this addendum;
- that after enquiry, all information supplied in this addendum, is true and correct and that until a Contract of Insurance is entered into, we are obliged to inform Liberty International Underwriters of any changes to any information supplied or of any new information that is relevant;
- that we understand Liberty International Underwriters relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that if a Contract of Insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such Contract of Insurance;
- that we have read and understood the Important Notices which form part of this proposal;
- that we understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty International Underwriters, if any.

Signed

Print Name

Title Chairperson

Dated

Signed

Print Name

Title Executive Officer

Dated
