



Proposal Form for Fund Managers and Fund Operators

1. Please answer all questions leaving no blank spaces.
2. If there is insufficient space to complete any answers, please continue on your headed paper.
3. This form must be signed and dated by a director of the Proposer.
4. Please attach the Proposer's most recent Annual Report and Accounts and any Interim Report issued since.
5. Please attach a copy of the Prospectus / Offering Document for each Fund.
6. Please attach details of the latest and historical investment performance of managed Funds.
7. Please attach the organizational and ownership chart of entities to be covered.
8. Please attach the Due Diligence Questionnaire with respect to Funds for which cover is sought.
9. Any contract of insurance made by the Underwriter and the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional other additional information provided by the Proposer.



A - PARTICULARS OF PROPOSER

(a)

Name of Proposer	Role (eg Investment Manager, Investment Advisor, Fund Operator / Manger, Investment Fund etc)	Address

(b) Please state the total combined number of staff employed by all entities to be insured:

(c) Are any of the entities listed on any Stock Exchange? If so, please state which Exchange and the date of listing:



(e) Please provide a split in percentage terms of the various Funds' investors' domicile:

Fund name	UK & Europe	Far East / Asia	USA	Other (specify)

(f) Please provide in percentage terms a split of the various Funds' type of investor:

Fund Name	High Net Worth Individual	Institutions	Family Offices	Fund of Fund

(g) Please advise briefly the nature of the investment strategy with respect to each Fund:

Fund Name	Strategy



(h) Please advise the maximum level of gearing used as a percentage of NAV for each Fund over the last 12 months:

Fund Name	Gearing

(i) Does any shareholder own directly or beneficially 15% or more of any of the shares or units in any Fund? If so, please provide details:

(j) What is the projected time frame to reach capacity and close?

Fund Name	Anticipated closing date



C – FUND / INVESTMENT MANAGER / OPERATOR

(a) Name of Regulator

(b) How do you communicate with your investors?

(c) Please advise custodial arrangements:

(d) Please detail the procedures used to ensure that investment guidelines are adhered to:

(e) Please explain how you stress test your control systems for robustness?



6. regulatory requirements, provisions, rules, principles and codes are adhered to by all relevant employees:

(n) With respect to Net Asset Value please advise:

1. Frequency of NAV Calculation:

2. Whether NAV is independently calculated and by whom?

3. If the NAV is calculated by the Proposer, please explain how valuations are verified.



E. DECLARATION

I the undersigned, being a director or officer of the Proposer referred to in item A of this proposal, hereby declare that:-

1. I am authorised to complete this proposal on behalf of the Proposer referred to in item A of this proposal and all subsidiary companies declared herein, and
2. All answers to the questions contained in this proposal are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief: and
3. I have read and understood the notes at the beginning of this proposal; and
4. I understand that the submission of this proposal does not bind either the Underwriters or the Propose specified in item A or any of the subsidiary companies declared herein, to enter into a binding contract of insurance.

Signed

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Capacity

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Company

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Date

- It is important that the Proposer and all subsidiary companies declared herein, and the authorised officer signing the Declaration above on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact us, your broker, since non-disclosure may affect an Assured's right of recovery under the policy or lead to avoidance.