

ASSET MANAGEMENT RISK SOLUTIONS™ – INSURANCE APPLICATION

THE POLICY FOR WHICH THIS APPLICATION IS MADE PROVIDES CLAIMS MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE UNDERWRITER WITHIN 60 DAYS AFTER THE END OF THE POLICY PERIOD OR EXTENDED REPORTING PERIOD (IF APPLICABLE). EXCEPT TO THE EXTENT THE INSURANCE LAWS OF THE PROVINCE OF QUEBEC APPLY) DEFENSE EXPENSES ARE PART OF AND NOT IN ADDITION TO THE LIMITS OF LIABILITY, AND WILL ERODE AND MAY EXHAUST THE APPLICABLE LIMITS OF LIABILITY. DEFENSE EXPENSES AND OTHER LOSS WILL BE APPLIED AGAINST THE RETENTION. THE INSURER HAS NO OBLIGATION TO PAY JUDGMENTS, SETTLEMENTS OR DEFENSE EXPENSES ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED BY DEFENSE EXPENSES OR LOSS.

PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

For the purposes of this Application, including any Supplements, "Applicant" means the Organization identified in Section I below and all subsidiaries and other entities proposed for coverage. Provide answers on behalf of the Applicant, including all subsidiaries and other entities proposed for coverage.

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers.

I. APPLICANT

Name of Applicant: _____
 Street Address: _____
 City, Province: _____
 Postal Code: _____ Web Site Address: _____
 Province of Incorporation: _____ Year Established: _____
 Number of Offices: _____ Canada: _____ Other: _____
 List of Office Locations: _____

1. Total Number of Employees: _____
 Portfolio Managers: _____ Traders: _____
 Research Staff: _____ Sales/Marketing: _____
 Compliance Staff: _____ Other (specify): _____

2. List all subsidiaries and other entities proposed for coverage.
 If there are additional subsidiaries or entities to be added to this list, please do so by attachment to this Application.

Name of Subsidiary/Entity: _____
 Location: _____
 Nature of Operations: _____
 Registered Investment Advisor: ☐ Yes ☐ No
 Percent Owned: _____ % Date Created or Acquired: _____
 Name of Subsidiary/Entity: _____
 Location: _____
 Nature of Operations: _____
 Registered Investment Advisor: ☐ Yes ☐ No
 Percent Owned: _____ % Date Created or Acquired: _____

Name of Subsidiary/Entity: _____

Location: _____

Nature of Operations: _____

Registered Investment Advisor: ☐ Yes ☐ No

Percent Owned: _____ % Date Created or Acquired: _____

Name of Subsidiary/Entity: _____

Location: _____

Nature of Operations: _____

Registered Investment Advisor: ☐ Yes ☐ No

Percent Owned: _____ % Date Created or Acquired: _____

Name of Subsidiary/Entity: _____

Location: _____

Nature of Operations: _____

Registered Investment Advisor: ☐ Yes ☐ No

Percent Owned: _____ % Date Created or Acquired: _____

3. If the Applicant is owned by a parent company, indicate the name and principal address of the parent:
- _____

II. OPERATIONS AND COMPLIANCE

1. Provide the following information regarding the Applicant's assets under management:

	Current Year as of Date:	Prior Year as of Date:
Discretionary Assets Under Management		
Non-Discretionary Assets Under Management		
Total Assets Under Management		
Total Number of Accounts		

2. Is the Applicant registered with any provincial regulatory bodies, provincial securities commissions and/or self regulatory organizations (SROs), OSC, IIROC, MFDA, etc.? ☐ Yes ☐ No
- If "Yes", provide each registration type, and jurisdiction if applicable:
- _____

3. If the Applicant registered with any US regulatory bodies, SEC, CFTC, etc. or any other foreign regulatory bodies? ☐ Yes ☐ No
- If "Yes", provide each registration type, regulatory body and jurisdiction:
- _____

4. List all regulatory or administrative examinations, inspections, investigations or inquiries involving the Applicant in the past three (3) years, including notices received in the past three (3) years for future regulatory or administrative examinations, inspections, investigations or inquiries.

Regulatory Body	Description	Date

Attach copies of all letter(s) or comment(s) received as a result of the examination, inspection, investigation or inquiry and copies of the Applicant's responses to all letter(s) and comment(s) received.

5. Have there been any changes to the Applicant's Board of Directors or senior management (the Chief Executive Officer, Chief Investment Officer, Chief Financial Officer, Chief Operations Officer, Chief Compliance Officer, General Counsel, principals or functional equivalents) within the last year? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-
6. Does the Applicant have a dedicated Chief Compliance Officer? ☐ Yes ☐ No
If "Yes", attach a copy of his or her biography.
7. Does the Applicant have in-house counsel? ☐ Yes ☐ No
If "Yes", indicate the number of attorneys, state the name of the most senior attorney and the years of investment industry experience of such attorney:
-
- If "No", does the Applicant use outside counsel for legal advice? ☐ Yes ☐ No
Identify the outside counsel used for legal advice:
-
8. Does the Applicant have an internal audit department? ☐ Yes ☐ No
Has there been any increase or decrease in the internal audit department's staffing levels over the past twelve (12) months? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-
9. Does the Applicant have formal, written procedures with respect to valuation of securities? ☐ Yes ☐ No
If "Yes", attach a copy of the valuation procedures.
10. Does the Applicant have a dedicated individual or functional group with clear responsibility for financial risk management oversight and control (i.e. position limits, leverage, hedging, etc.)? ☐ Yes ☐ No
If "Yes", identify the individual or functional group: _____
-
11. How frequently does the Applicant reconcile accounts with those of their custodian bank(s)? _____
12. In the past thirty-six (36) months, has the Applicant had any trade errors that exceeded \$75,000? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-

III. INVESTMENT ADVISER PROFESSIONAL LIABILITY COVERAGE

1. Attach copies of the following:
- The Applicant's most recent Regulatory Audit, Letter and Management Response Letter.
 - If the Applicant is registered with the SEC in the United States, completed ADV report Part I, II and all supplements (as the Applicant filed with the SEC).
 - Information indicating the Applicant's portfolio(s) performance for the past six (6) years, including comparative results to applicable industry benchmark indexes.
 - The Applicant's most recent Due Diligence Questionnaire.
 - Sample discretionary and non-discretionary contracts offered to the Applicant's clients.
 - The Applicant's brochures, marketing, promotional or sales materials.
 - Any general communications or publications made to the Applicant's account holders over the past year.

2. Indicate the number of accounts lost by the Applicant during the last twelve (12) months and corresponding asset value and provide a detailed explanation of the reason for the loss of each lost account:

3. What is the Applicant's minimum investment for new client accounts? _____

4. Provide the following information regarding the Applicant's types of clients:

	Asset Market Value:	Number of Accounts:
Non-High Net Worth Individuals		
High Net Worth Individuals		
Charitable Trusts, Foundations, or Endowments		
Registered Retirement Plans		
Multi-Employer and Union Pension Plans		
Other Pension or Retirement Plans		
Corporate/Institutional		
Investment Companies		
Pooled Investment Vehicles (Other Than investment Companies)		
Insider Capital		
All Other Accounts		
Total:		

5. For the Applicant, list:
 Annual Fees for Investment Advisory Services: _____
 Other Income (annual): _____
 Provide a detailed explanation of the sources of such other income:

6. If the Applicant provides any of the following services, list the percentage of Applicant's annual generated by each such service:

Service	% of Annual Revenue	Service	% of Annual Revenue
Financial Consulting	%	Education Planning	%
Tax Planning/Preparation	%	Cash Management/Bill Paying	%
Estate Planning	%	CPA/Accounting Services	%
Insurance or Annuity Planning or Sales	%	Real Estate Management	%
Retirement Planning	%	Mortgage Broking	%
Other (Explain):	%		

7. State the percentage of the Applicant's investments in the following specialty areas:

Commodity/Futures	%	Annuities	%
Private Placements	%	International Investments	%
Domestic High Yield Bonds or Leveraged Loans	%	CDOs/CLOs	%
Hedge Funds and LPs (Other Than oil and Gas E&P Investment Funds)	%	Oil and Gas E&P Investment Funds RMBS	%
Private or non-traded REITs or BDCs	%	RMBS	%
CMBS	%	Other ABS	%
Direct Real Estate	%	Options	%
Mortgage Investment Companies	%	Exempt Market Securities	%

8. Does the Applicant utilize leverage? ☐ Yes ☐ No
If "Yes":
- a. Does the Applicant have any portfolios with gross leverage that exceeds 3x?
(Gross leverage is calculated by taking the sum of the absolute value of all outstanding long and short positions and dividing it by the equity capital of the portfolio) ☐ Yes ☐ No
 - b. Does the Applicant have any portfolios that employ synthetic leverage through the use of derivatives? ☐ Yes ☐ No
 - c. Does the Applicant have any funding source counterparty concentration in excess of 25%? ☐ Yes ☐ No
 - d. Does the Applicant have any funding agreements that have:
(i) terms of less than 30 days; (ii) termination events without specific triggers (e.g.: "material adverse change" language); or (iii) cross default or cross collateralization provisions? ☐ Yes ☐ No
9. Does the Applicant utilize expert networks? ☐ Yes ☐ No
If "Yes", is the compliance department involved in all communications with such expert networks? ☐ Yes ☐ No
10. Does the Applicant take an active role in trying to influence the management, finances or operations of any companies it invests in (including seeking board seats)? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:

-
11. How often does the Applicant send account statements or activity reports to clients:
☐ Quarterly ☐ Annually ☐ Monthly
☐ Other (provide a detailed explanation):

-
12. Does the Applicant have procedures for trading decisions when a portfolio manager is not available? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:

-
13. Does the Applicant have physical custody of any client assets? ☐ Yes ☐ No
14. May the Applicant's clients select their own brokers for execution? ☐ Yes ☐ No
15. Are any of the Applicant's client transactions executed by an "in-house" or affiliated broker-dealer? ☐ Yes ☐ No
16. Are all of the Applicant's advertisements, investor presentations, investor letters, marketing material and promotional material required to be reviewed by counsel prior to distribution? ☐ Yes ☐ No

17. Provide the following information for each service provider, if the Applicant uses such a service provider:

Service Provider	Name of Service Provider
Auditor	
Administrator	
Legal Advisor	
Custodian	
Prime Brokers	

18. Have any of the service providers listed above changed within the past year? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:

IV. FUND LIABILITY COVERAGE

1. Attach copies of the following:
 - Each fund's most recent audited annual financial statements and quarterly/annual reports.
 - Each fund's most recent prospectus, private placement memorandum, statement of additional information or other offering documents, subscription documents, and agreement of limited partnership.
 - Information indicating each fund's performance for the past six (6) years, including comparative results to applicable industry benchmark indexes.
 - Any letters to the Applicant's investors to investors for each fund over the past eighteen (18) months.
 - The Applicant's brochures, marketing, promotional and sales materials.

2. Provide a list of all funds proposed for coverage.

Name of Fund	Date Established	Registered Investment Company?		Total Assets	Subscriptions in Last 12 Months	Redemptions in Last 12 Months	Maximum and Current Leverage
		<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. Are any funds limited to accredited investors and/or Exempt Market Securities under provincial securities regulatory exemptions and National Instrument 45-106 prospectus/exemptions? ☐ Yes ☐ No

If "Yes", provide the name, investment strategy, assets under management and number of investors of each of the Fund(s):

4. Have any funds engaged in cross-trades over the past twelve (12) months? ☐ Yes ☐ No

If "Yes", provide a detailed explanation, including the approximate total amount of such trades and whether a third party was used to provide any review of pricing of any securities involved:

5. Is there a "lock-up" period for investors in any fund? ☐ Yes ☐ No

If "Yes", how long is the lock-up and what is the penalty for early withdrawal?

6. Have investor redemptions ever been suspended? ☐ Yes ☐ No

If "Yes", provide a detailed explanation:

7. Does any fund have a "gate provision"? ☐ Yes ☐ No

If "Yes", and if it has ever been invoked, provide a detailed explanation:

8. Does any fund permit the use of "side letters"? ☐ Yes ☐ No

If "Yes", how many side letters currently exist and what is the nature of the letters?

9. Have there been any changes or modification in the investment restrictions or liquidity provisions of any fund during the past year? ☐ Yes ☐ No

If "Yes", provide a detailed explanation:

10. Are any funds proposed for coverage being merged, wound down or liquidated? ☐ Yes ☐ No

If "Yes", provide a detailed explanation:

11. Is the Applicant considering launching any new funds over the next twelve (12) months? ☐ Yes ☐ No

If "Yes", provide a detailed explanation:

12. Provide the following information regarding the fund's service provider(s), if the fund uses such a service provider. If service providers differ between funds, please attach this table for all funds proposed for coverage on a separate sheet.

Service Provider	Name of Service Provider
Investment Advisor and Sub-Advisor (if any)	
Auditor	
Administrator	
Sales/Distribution	
Legal	
Custodian	
Prime Broker(s)	

13. Have any of the service providers listed above changed within the past year? ☐ Yes ☐ No

If "Yes", provided a detailed explanation:

14. Is there an Independent Review Committee that requires coverage? ☐ Yes ☐ No

If "Yes", provide the most recent Charter, Indemnity Agreements, most recent Annual Report and resumes of the Independent Review Committee Members.

V. INVESTMENT ADVISER MANAGEMENT LIABILITY COVERAGE

1. Attach copies of the following:
- The Applicant's recent audited annual financial statements
 - List of the Applicant's board of directors with biographies and their outside affiliations

2. Are shares of the Applicant publicly traded? ☐ Yes ☐ No

If "Yes", what is the ticker symbol? _____

3. How many total individuals and entities own shares in the Applicant? _____

What is the total number of outstanding shares in the Applicant? _____

What is the total number of outstanding shares held directly or beneficially by directors, officers or employees? _____

Provide the following information for all shareholder who own over 5% of the outstanding shares in the Applicant:

Name of Shareholder	Percent Held	Director, Officer, or Employee
	%	
	%	
	%	
	%	

4. Has the Applicant experienced, within the past three (3) years, any of the following events?
- a. Merger, acquisition, sale of any assets or other similar transaction? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-
- b. Financial restructuring, reorganization or filing for bankruptcy? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-
- c. Public or private offering of securities (including, but not limited to, IPO, Secondary Exchanges, or Crowd Funding/Crowd Financing)? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-
- d. Breach or violation of any debt covenant or loan agreement or any other material contractual obligation? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-
5. Is the Applicant currently anticipating any public or private offering of securities (including IPO, Secondary Exchanges, or Crowd Funding/Financing) or a merger, acquisition or consolidation? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-

VI. OUTSIDE ENTITY EXECUTIVE NON-INDEMNIFIED LIABILITY COVERAGE

1. If any director, officer, employee or independent contractor of the Applicant serves as a director, officer, employee, board observer or other advisor to an outside entity, attach a list of such outside entities and individuals with the following information:
- The respective ownership percentage of outstanding shares for each outside entity of the Applicant;
 - Whether such outside entity is publicly-held or is considering a public offering within the next year; and
 - Each management liability insurance policy in place for each outside entity, including the limit of liability and name of insurer.
2. Does the Applicant have policies in place regarding "insider trading", "trading" "blackout periods" and "trading windows" with respect to portfolio companies? ☐ Yes ☐ No
3. Does the Applicant have policies in place to ensure that commingling of funds does not occur between portfolio companies and the Applicant? ☐ Yes ☐ No
4. Is any portfolio company of the Applicant in breach of any covenants under its lending agreements, in bankruptcy, in the process of liquidation or dissolution or contemplating doing any of the foregoing? ☐ Yes ☐ No
If "Yes", provide a detailed explanation:
-

VII. PRIOR EXPERIENCE

1. Has the Applicant or any of its proposed insured persons ever been involved in any of the following during the past five (5) years:
- a. Antitrust, copyright or patent litigation? ☐ Yes ☐ No
- b. Civil, criminal or administrative proceeding alleging violation of a federal, provincial, state or foreign law? ☐ Yes ☐ No
- c. Any other criminal actions? ☐ Yes ☐ No
- d. Representative actions, class actions or derivative suits? ☐ Yes ☐ No

- e. Investigation by any regulatory agency or self-regulatory organization? ☐ Yes ☐ No
- f. Other civil litigation or civil proceeding, including any arbitration or mediation proceedings? ☐ Yes ☐ No
- g. Other written demands for monetary consideration? ☐ Yes ☐ No

If "Yes", to any of the foregoing, provide a detailed explanation of each such answer:

2. During the past five (5) years, has any claim that may fall within the scope of the proposed Insurance been made against the Applicant or against any entity or individual proposed for coverage under this insurance? ☐ Yes ☐ No

If "Yes", please provide the following information for all such claims as an attachment to this Application: dates of loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open), and claim status (open/closed).

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 2 IS EXCLUDED FROM THE PROPOSED INSURANCE.

3. Is the Applicant or any entity or individual proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Applicant, any such entity, or any such individual has reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that may fall within the scope of the proposed insurance? ☐ Yes ☐ No

If "Yes", please attach details to this Application.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 3 IS EXCLUDED FROM THE PROPOSED INSURANCE.

VIII. PRIOR INSURANCE

1. Has the Applicant previously purchased any similar insurance, such as investment adviser professional liability, fund liability, investment adviser management liability, employment practices liability, fiduciary liability, securities broker-dealer, cost of corrections/trader error or fidelity bond? ☐ Yes ☐ No

If "Yes", list those policies:

Insurer: _____	Type of Policy: _____
Limits: _____ Retention: _____	Premium: _____
Policy Period: _____ From: _____ To: _____	
Insurer: _____	Type of Policy: _____
Limits: _____ Retention: _____	Premium: _____
Policy Period: _____ From: _____ To: _____	
Insurer: _____	Type of Policy: _____
Limits: _____ Retention: _____	Premium: _____
Policy Period: _____ From: _____ To: _____	
Insurer: _____	Type of Policy: _____
Limits: _____ Retention: _____	Premium: _____
Policy Period: _____ From: _____ To: _____	

2. Have any of the Applicant's prior carriers cancelled, non-renewed or indicated an intent to cancel or non-renew Applicant's insurance policy? ☐ Yes ☐ No

If "Yes", provide a detailed explanation of each:

3. Has the Applicant or any of its proposed insured persons given notice of any fact, circumstance, situation, transaction, event or actual or alleged act, error, omission, misstatement, misleading statement or breach of duty under any prior policy or insuring agreement for which the proposed policy or any insuring agreement in the proposed policy would be a direct or indirect renewal or replacement? ☐ Yes ☐ No
- If "Yes", provide a detailed explanation of each:

4. Have any loss payments been made under any prior policy or insuring agreement on behalf of the Applicant or any of its proposed insured persons? ☐ Yes ☐ No
- If "Yes", provide a detailed explanation of each:

IX. COVERAGE REQUESTED

1. Check applicable boxes below for any coverage part for which the Applicant is requesting coverage, and indicate the requested limit and retention:

Coverage Part	Requested Limit of Liability	Requested Retention
<input type="checkbox"/> Investment Adviser Professional Liability Coverage		
<input type="checkbox"/> Fund Liability Coverage		
<input type="checkbox"/> Investment Adviser Management Liability Coverage		
<input type="checkbox"/> Outside Entity Executive Non-Indemnified Liability Coverage		
<input type="checkbox"/> Securityholder Derivative Demand Investigations Costs Coverage		
<input type="checkbox"/> Excess Independent Director Non-Indemnified Liability Coverage		
<input type="checkbox"/> Independent Review Committee Liability Coverage		

2. Aggregate Limit Requested: _____
3. Policy Period Requested: _____ From: _____ To: _____
4. The following coverage extensions also are available. If the Applicant would like us to provide a coverage extension for any of the following, check the applicable box:
- ☐ Employment Practices Liability ☐ Fiduciary Liability ☐ Cost of Corrections
- ☐ Securities Broker Dealer Professional Liability ☐ Fund Service Provider Professional Liability
- For the Employment Practices Liability, Fiduciary Liability, Cost of Corrections and Securities Broker-Dealer Professional Liability coverage extensions, the Applicant must complete an Application Supplement for each such coverage extension.

X. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

XI. SIGNATURE AND AUTHORIZATION

The undersigned, as the authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file. For North Carolina accounts, this Application and materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, the Applicant must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance. Note this sentence does not apply to Maine Applicants.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

IF THE APPLICANT PREFERS TO ELECTRONICALLY SUBMIT THIS APPLICATION TO THE UNDERWRITER, ITS AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING THEIR NAME AND THE DATE. BY DOING SO, THE APPLICANT AND ITS AUTHORIZED AGENT HEREBY CONSENT AND AGREE THAT SUCH AUTHORIZED AGENT'S USE OF A KEY PAD, MOUSE OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES THEIR SIGNATURE, ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY SUCH AUTHORIZED AGENT IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.

A digital signature is as simple as:

1. Check the box.
2. Type authorized agent's name and the date.

The box must be checked by a partner, principal, director or officer of the Applicant (or equivalent positions thereof).

☐ AUTHORIZED AGENT SIGNATURE AND ACCEPTANCE

Applicant Name: _____

By (Authorized Signature): _____

Name/Title: _____

Date: _____

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Produced By (Insurance Agent): _____

Insurance Agency: _____

Insurance Agency Taxpayer ID: _____

Agent License No.: _____

Address: _____

Street City Province Postal Code

Submitted By (Insurance Agency): _____

Insurance Agency Taxpayer ID: _____

Agent License No.: _____

Address: _____

Street City Province Postal Code