



SelectOne+®

Investment Company Bond Coverage Application

Travelers Casualty and Surety Company of America

The term Applicant means all funds for which coverage is being sought for this insurance.

I. GENERAL INFORMATION

Applicant Information:

Name of Requested First Named Insured:
Street Address:
City, State, ZIP Code:
Expiring Bond Number:

II. PROPOSED INSURED

Complete the following table indicating all Registered Investment Companies proposed for this insurance:

Table with 2 columns: Requested First Named Insured, Total Fund Assets (in Millions). Includes rows for additional insureds.

To enter more information, attach a separate page.

\*IMPORTANT NOTE: Receipt of the above information does not constitute an agreement that coverage will be provided to the listed Registered Investment Companies.

III. SERVICE PROVIDER INFORMATION

1. Name of Adviser(s):
2. Name of Custodian(s):
3. Name of Transfer Agent(s):
4. Name of Distributor(s):
5. Name of Administrator(s):
Are they an Independent Third Party? Yes No

To enter more information, attach a separate page.

IV. DIRECTOR/OFFICER/TRUSTEE EXPOSURE INFORMATION

1. Director/Officer/Trustee Count
No. of Officers
Number of Directors/Trustees
All Investment Companies
(DO NOT DOUBLE COUNT)

2. Are any of the above individuals primarily located outside the United States? Yes  No   
*If Yes, attach full details.*

## V. AUDIT INFORMATION

1. State the name of the outside audit firm that performs audits (other than governmental examinations, internal audit functions, and limited scope audits): \_\_\_\_\_
2. Does the outside audit include all funds? Yes  No
3. Does the outside auditor regularly review internal controls and furnish a written report to management? Yes  No
4. Does the **Applicant** have an internal audit function? Yes  No   
*If Yes, who performs this function?*  Employees Number of: \_\_\_\_\_  
 Third Party Name of: \_\_\_\_\_
5. Have any material weaknesses or significant deficiencies been reported in the most recent management letter? Yes  No   
*If Yes, attach a copy of the management letter and management's response.*

## VI. INTERNAL CONTROLS AND FUNDS TRANSFER CONTROLS

1. Are employee attempts to access information for which they are not authorized reported and reviewed by management? Yes  No
2. Are application system exception reports identifying non-monetary transactions such as changes to addresses, account holder names, etc. periodically reviewed? Yes  No
3. Does the **Applicant** require service providers who may have access to the **Applicant's** networks or computer systems to demonstrate adequate security policies and procedures? Yes  No
4. Are passwords immediately deleted upon the termination of users of applications systems? Yes  No
5. Does the **Applicant** use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes  No   
*If so, is immediate investigation required for intrusion incidents?* Yes  No
6. Does the **Applicant's** management or an outside vendor conduct penetration testing and vulnerability assessments for internal and external network attacks to identify system vulnerabilities? Yes  No   
*If so, state frequency and who performs testing.* \_\_\_\_\_

**(If coverage is not desired for Insuring Agreement I.2., Fraudulent Instructions, skip to Section VII. below.)**

7. Is there a written funds transfer agreement between the **Applicant** or the Investment Adviser and each customer governing funds transfer requests initiated by:
- a. telephonic spoken voice? Yes  No
- b. telefacsimile (fax)? Yes  No
- c. electronic mail (e-mail)? Yes  No
- If any of the above questions 7a.-7c are answered "No", but funds transfer requests are accepted by the **Applicant** using such a method of communication, please explain in an attachment.*
8. Are all non-recurring and all international funds transfer requests verified for authenticity prior to execution? Yes  No   
*Describe methods used to verify the authenticity of such requests.*  
\_\_\_\_\_
9. If repetitive customer initiated funds transfers are established, do procedures for changes or deviations to those procedures require approval and confirmation before further transfers are made? Yes  No
10. Does the **Applicant** periodically train and review procedures with parties or individuals who receive and process funds transfer requests from customers? Yes  No

If No, please provide details on a separate sheet.

11. Does the board of directors or board of trustees of the **Applicant** periodically review and re-authorize electronic funds transfer policies and procedures? Yes  No   
 If No, please provide details on a separate sheet.
12. Once the **Applicant** receives (but before it acts upon) a funds transfer request, is a verbal callback made to a representative of the customer who is authorized to make funds transfer requests at an established telephone number on file for the customer in order to confirm the authenticity of such a request? Yes  No
13. In the past 3 years, have any of the **Applicant's** regulatory authorities criticized the **Applicant's** funds transfer or authentication procedures for control deficiencies? Yes  No   
 If Yes, please provide details on a separate sheet.

**VII. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS**

Complete the following table or submit a copy of current bond, declarations and all endorsements:

Effective Date: \_\_\_\_\_ Expiring insurer: \_\_\_\_\_ Expiring premium: \$ \_\_\_\_\_

Desired Bond Coverage	Requested Limit	Requested Deductible
Fidelity Larceny or Embezzlement Restoration Expenses	\$ \$	\$0. \$
On Premises	\$	\$
In Transit	\$	\$
Forgery or Alteration	\$	\$
Securities	\$	\$
Counterfeit Money and Counterfeit Money Orders	\$	\$
Claim Expense	\$	\$
Stop Payment Orders or Wrongful Dishonor of Checks	\$	\$
Computer Systems Computer Fraud Fraudulent Instructions Restoration Expenses	\$ \$ \$ \$	\$ \$ \$ \$
Uncollectible Items of Deposit	\$	\$

**VIII. UNCOLLECTIBLE ITEMS OF DEPOSIT (Complete only if Uncollectible Items of Deposit Coverage is desired)**

1. Does the Applicant have a formal policy governing procedures for holding customer, shareholder, or subscriber items of deposit prior to crediting their accounts? Yes  No   
 If yes, please state the minimum number of days items are held before dividends are paid or withdrawals are permitted from a customer's, shareholder's, or subscriber's account: \_\_\_\_\_

2. Please describe what your standard collection procedures are in the event that customer, shareholder, or subscriber items of deposit are not honored by the drawee institution:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IX. LOSS INFORMATION**

1. Has the **Applicant** or any proposed insured sustained any bond-related losses, whether or not covered by insurance, in the past 3 years? *If Yes, please complete the table below and attach a separate sheet if necessary* Yes  No

*(IMPORTANT: Include any incident which may lead to the filing of notice or claim with the **Applicant's** current carrier as well as any losses, whether or not reimbursed, for any occurrence exceeding \$5,000. Occurrence means the total loss or series of losses involving the fraudulent activity of one individual.)*

Date Discovered	Description of Loss	Amount of Loss	Amount Recovered from Insurance	Corrective Procedures Implemented	Claim Status
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

2. Has the **Applicant** been subject to any fraudulent funds transfer requests in the past 12 months, whether or not covered by insurance? Yes  No

*(If Yes, in an attachment, please describe the number of such requests and whether any such requests were fulfilled. For any requests that were fulfilled also provide the amount of such transfer and describe any internal controls or procedures implemented as a result.)*

3. Within the past 5 years, has any carrier refused to provide, canceled, or failed to renew bond coverage for any proposed insured? *(Not applicable to Missouri applicants.) If Yes, please provide details on a separate sheet.* Yes  No

4. Has there been any litigation or legal action settled by any of the proposed insureds within the past three years or now pending that is not outlined in question 1. above? *If Yes, please provide full details on a separate sheet.* Yes  No

5. Does any **Applicant** have knowledge of any fact, circumstance, or situation which would cause a reasonable person to assume that a loss which could be covered by the bond coverage being applied for has been incurred or is likely to be incurred, even if the exact amount or details of such a loss may not then be known? *If Yes, please provide details on a separate sheet.* Yes  No

**X. REQUIRED ATTACHMENTS**

As part of this Application, please submit the following documents:

- Copy of most recent Financial Statement for each of the Investment Companies;
- Latest CPA Management Letter and Management's response to same. If not applicable, please confirm that no material weaknesses were noted in the latest audit;
- Prospectus and Statement of Additional Information for each Investment Company for which coverage is sought.

**XI. COMPENSATION NOTICE**

**Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

**XII. FRAUD WARNINGS**

**Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Attention: Insureds in Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Attention: Insureds in Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Puerto Rico**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**XIII. SIGNATURE SECTION**

THE UNDERSIGNED OFFICER OF THE APPLICANT (AUTHORIZED REPRESENTATIVE) DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION FOR INSURANCE, INCLUDING ANY SUPPLEMENTS OR MATERIALS MADE PART OF THIS APPLICATION, ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF ANY INFORMATION IN THIS APPLICATION, OR ANY SUPPLEMENTS OR MATERIALS SUBMITTED THEREWITH, CHANGES PRIOR TO THE INCEPTION DATE OF THE BOND THAT TRAVELERS MAY ISSUE TO THE APPLICANT, THE APPLICANT WILL NOTIFY TRAVELERS AND TRAVELERS MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. TRAVELERS IS AUTHORIZED TO MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY SUPPLEMENTS OR MATERIALS MADE PART OF THIS APPLICATION, WILL BE THE BASIS OF INSURANCE, AND THAT TRAVELERS WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY SUPPLEMENTS OR MATERIALS MADE PART OF THIS APPLICATION, IN ISSUING THE BOND.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature\*: Officer of **Applicant**  
(Authorized Representative)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

**XIV. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number