



Claims-Made: The information requested in this Questionnaire is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses, and any retention will be applied against defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after exhaustion of the limit of liability.

GENERAL INFORMATION

Name of Applicant ("the Firm"):

DESCRIPTION OF OPERATIONS

- 1. How does the Firm structure its investments (check all that apply):
a. As individual investments outside of a closed end fund structure
b. As investments within a closed end fund structure
c. As investments in debt or extensions of credit secured by a property
d. Through open-end fund structures without a finite life cycle
2. How much ownership interest does the General Partner maintain in the fund(s)?
3. What is the minimum contribution from an investor in any fund, or investment if structured individually?
4. What percentage of investors qualify as "accredited investors" per SEC Regulation D or "qualified purchasers" per Investment Company Act of 1940?
5. Does any fund or investment vehicle maintain an ownership interest in property:
a. that has been foreclosed upon or for which foreclosure is anticipated during the next 12 months?
b. that has breached, violated, or restructured any debt covenant, loan agreement, or other material contractual obligation in the past 12 months or is reasonably anticipated to in the next 12 months?
c. that has a debt service deficit during the past 12 months, or a shortfall is anticipated in the next 12 months?
d. for which any tenant lease poses a material risk of default, lease termination, bankruptcy, request for rent relief, or similar material change in lease terms?
e. through a joint venture arrangement or other partial interests with outside investors?
6. Are any debt obligations secured by more than one property or investment?
7. Are any fees charged to investors for services rendered in addition to base management fees and incentive compensation?
8. Please indicate whether the Firm's investments will involve any of the following:
9. Does any fund or investment pay regular dividends to investors?

10. How often does the Firm conduct property appraisals? \_\_\_\_\_
11. Does the Firm utilize third-party valuations?  Yes  No  
*If Yes, how frequently are the valuations performed?* \_\_\_\_\_
12. Are third-party property managers subject to any internal or external audit process?  Yes  No
13. Please indicate whether the Firm performs the following activities:
- |  |  |   |  |
|--|--|---|--|
| Investing in Loans                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate Brokerage and Leasing                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ground Up Building Development                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Architecture, Design, or Engineering                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property Management, Including Rent Collection | <input type="checkbox"/> Yes <input type="checkbox"/> No | Construction Management, Development, or Implementation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Real Estate Valuation and Appraisal            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Environmental Consulting                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broker Dealer and Fundraising                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Non-Investment Related Activities                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- a. Is there a documented bidding process or formal evaluation of market performed when the Firm is providing any of these services?  Yes  No  N/A
- b. If the Firm has additional insurance relating to such services or entities, attach a summary of insurance coverage.
14. Does the Firm provide property management services to any property in which the Firm does not maintain an ownership interest?  Yes  No
15. Provide the following information regarding service providers:
- |                               | Name of Firm | Has this provider changed within the past 3 years or intended to be changed in the next 12 months? |
|-------------------------------|--------------|--|
| Outside Legal Counsel         |              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Fund Auditor                  |              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Corporate Auditor             |              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Regulatory/Compliance Adviser |              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Other Service Providers       |              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

### **NOTICE REGARDING COMPENSATION**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: \_\_\_\_\_

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

### **FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, 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 a Questionnaire for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

**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.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**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 a Questionnaire for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and intending to defraud presents false information in an insurance Questionnaire, 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

## **SIGNATURES**

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The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Questionnaire are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Questionnaire, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

Electronic Signature and Acceptance – Authorized Representative\*

\*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

|  |   |                       |
|--|---|-----------------------|
| Authorized Representative Signature:<br><b>X</b> | Authorized Representative Name and Title:   | Date (month/dd/yyyy): |
| Producer Name (required in FL & IA):<br><b>X</b> | State Producer License No (required in FL): | Date (month/dd/yyyy): |
| Agency:  |   | Agency Phone Number:  |