TRAVELERS

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**Financial Institution Bond Coverage For A Form 14**

**Travelers Casualty and Surety Company of America** **For Asset Managers Renewal Application**

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

## *GENERAL INFORMATION*

| Proposed Name of Insured & other requested insured entities: (hereinafter "Applicant") | Date Business Started (mm/dd/yyyy): |
|---|---|
| | |

Mailing Address:

| City: | State: | Zip: |
|---|---|---|
| | | |

## *UPDATED EXPOSURE INFORMATION*

1. Show the total number of the Applicant's:
   a. Salaried officers and employees, partners, persons provided by employment contractors (not including Registered Representatives) _____
   b. FINRA Registered Representatives _____
   c. Additional Locations *other than the Home Office of the first Named Insured in the U.S., Canada, and U.S. Territories* _____
   d. Other Locations (*Please list in Additional Information area)*

2. Provide information for the Applicant's total assets under management:

| | Current Month ( / ) | As of 12 months ago ( / ) | As of 24 months ago ( / ) |
|---|---|---|---|
| Total Assets Under Management | $ | $ | $ |

3. What percentage of the total assets under management shown in #2 above are held in actual physical custody by the Applicant? _____ %

## *CURRENT CONTROL INFORMATION*

4. Have any of the Applicant's prior answers to the following questions changed since the last Form 14 Application for Asset Managers was completed?

| Original Travelers Application Section | | |
|---|---|---|
| Transfer Controls (Questions #5-11) | ☐ Yes *(please note any changes in the space below)* | ☐ No |
| Audit Controls (Questions #12-18) | ☐ Yes *(please note any changes in the space below)* | ☐ No |
| Internal Controls (Questions #19-22) | ☐ Yes *(please note any changes in the space below)* | ☐ No |
| Outside Service Providers (Question #23) | ☐ Yes *(please note any changes in the space below)* | ☐ No |

## *UPDATED LOSS INFORMATION*

5. Has the Applicant had any losses, whether reimbursed or not, over the past three years? ☐ Yes ☐ No
   *If Yes, please attach a list showing the date of the loss, a description of the loss, the amount of the loss, and the amount paid by insurance (if any).*

## *REQUIRED ATTACHMENTS*

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

- Copy of the most recent CPA Audited Financial Statement for the Applicant (if available)
- Copy of the most recent CPA Audited Financial Statement for any private funds sponsored or managed by the Applicant (if applicable)
- Copy of the most recent CPA Letter to Management with regards to internal control, including management's response (if applicable)

## *NOTICE REGARDING COMPENSATION*

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

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 an application for insurance is guilty of a crime and may be subject to fines and confinement in 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 an application 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 an application 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 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, 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*

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application 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 Application, 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>**X** | Authorized Representative Name and Title: | Date *(month/dd/yyyy)*: |
| Producer Name (required in FL & IA):<br>**X** | State Producer License No (required in FL): | Date *(month/dd/yyyy)*: |
| Agency: | | Agency Phone Number: |

## *ADDITIONAL INFORMATION*