

THE HARTFORD INVESTMENT ADVISER APPLICATION MANAGEMENT AND PROFESSIONAL LIABILITY & OPTIONAL COVERAGES (NO PROPRIETARY FUNDS)

Twin City Fire Insurance Company
Name of Insurance Company to which this application is made

NOTICE: THIS POLICY PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION. PAYMENT OF DEFENSE COSTS REDUCES THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

CLAIMS MADE NOTICE: CLAIMS MADE COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD AND WHICH HAVE BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS.

DEFENSE WITHIN LIMITS: THE AMOUNT OF MONEY AVAILABLE UNDER THE POLICY TO PAY SETTLEMENTS OR JUDGEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE PRODUCER.

I. GENERAL INFORMATION

1. Name of Applicant: _____
(Together with any entities for which this policy is intended, hereinafter, "the Applicant.")

Mailing Address: _____

2. Complete the following table for Assets Under Management (hereinafter, "AUM") and Assets Under Advisement (hereinafter, "AUA"):

a. Discretionary AUM:	\$
b. Non-Discretionary AUM:	\$
c. Assets Under Advisement:	\$
Current Total:	\$
Prior Year Total:	\$

3. Revenue Source: What are the gross annual revenues from financial planning, advisory activities, tax preparation, and commissions from the sales of securities and/or life and health insurance received by the Applicant and employees thereof:

	Annual Total Revenues (100%)	% Fee Only Revenue	% Tax Preparation Revenue	% Insurance Sales Revenue	% Other Revenue
Most Recent Fiscal Year	\$	%	%	%	%

If Other Revenue is applicable, provide details in the Additional Information section, below.

4. Has the Applicant had an examination conducted by the SEC or any other regulatory authority within the past 24 months? (If "YES," attach the SEC letter and Management's response, if required.) YES NO
If "YES," to questions 5 – 7, provide details in the Additional Information section, below.
5. Within the last 12 months, has the Applicant experienced any merger, acquisition, sale of any assets, change of ownership or other similar transaction? YES NO
6. In the last 5 years, has the Applicant, or any natural person for whom this insurance is intended, been involved in:
- a. Any civil or criminal action or administrative proceeding alleging a violation of any federal or state security law or regulation? YES NO
- b. Any other litigation, investigation or inquiry? YES NO

7. In the past 3 years, has the Applicant had any trade errors that exceeded \$25,000? YES NO

II. INVESTMENT STRATEGY

Indicate the Applicant's total AUM and AUA in the following categories:

Alternative Investments:	% of AUM and AUA
Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs	%
Cannabis related products	%
Crypto or digital currency of any type (other than through mutual funds or ETFs)	%
Crypto or digital currency through mutual funds or ETFs	%
Derivatives	%
Exchange Traded Notes	%
Leveraged / Inverse ETFs	%
Limited Partnerships / General Partnerships or similar Pooled Investment Vehicles (including Private Equity, Venture Capital, Real Estate, and Hedge Funds)	%
Options	%
Physical Real Estate	%
Private Placements	%
Promissory Notes / Leases / Receivables	%
Public, Non-Traded REITs or Business Development Companies	%
Structured Products	%
Unlisted Stock or Unregistered Securities	%

III. PRIOR KNOWLEDGE

Do not complete with respect to any coverage part for which you already have coverage in place. Pertaining to the Question below, the undersigned agrees on behalf of the Applicant, after reasonable investigation, if any person or entity proposed for this insurance has knowledge of any such fact, circumstance or act, or if such pending or prior claim or suit exists, then any claim or suit arising therefrom shall be excluded from coverage under the proposed policy.

Does an Applicant or any of its partners, directors, officers, trustees, or employees have any knowledge of any fact, circumstance or act which might give rise to a claim, or of a pending or prior claim or suit?
(If "YES," provide details in the Additional Information section, below.)

- a. NEW Management and Professional Liability YES NO
- b. NEW Employment Practices Liability YES NO
- c. NEW Fiduciary Liability YES NO
- d. NEW Cyber Liability YES NO

IV. OPTIONAL: THEFT COVERAGE – EMPLOYEE, HACKER, AND SOCIAL ENGINEERING

**Please complete if your custodian requires Theft Coverage, including but not limited to Charles Schwab Corp and National Financial Services LLC (Fidelity) if it's not already covered elsewhere.*

If "NO," to questions 1 – 4, provide details in the Additional Information section, below.

- 1. Does the Applicant reconcile transferred funds daily? YES NO
- 2. Does the Applicant authenticate fund transfer instructions verbally at a pre-determined phone number? YES NO
- 3. Does the Applicant authenticate customer or vendor requested changes to bank account information and/or other account information in accordance with written procedures? YES NO
- 4. Has the Applicant been loss free for the last 5 years? YES NO

V. OPTIONAL: CYBER LIABILITY

If "NO," to questions 1 – 3, provide details in the Additional Information section, below.

- 1. Does all remote access to the Applicant's systems and email utilize Multifactor Authentication? YES NO

2. Is Anti-Phishing and Cybersecurity Awareness training conducted for employees at least annually? YES NO
3. Does the Applicant, or an outsourced firm on behalf thereof, back up data and systems at least once a week, and store these backups in an offsite location? YES NO
4. Within the last 5 years, has the Applicant experienced any system intrusions, tampering, virus or malicious code attacks, loss of data, loss of portable media, hacking incidents, extortion attempts, or data theft? YES NO
If "YES", provide details in the Additional Information section, below.

VI. OPTIONAL: EMPLOYMENT PRACTICES LIABILITY

1. Does the Applicant distribute an employee handbook with written procedures for harassment, discrimination, and equal employment opportunity? YES NO
2. Please indicate the following number of employees, if applicable:

	Current Year	Prior Year
Total number (including full-time, part-time, independent contractors, and interns)		
Of the total, how many are based in CA?		
How many individuals earn more than \$150,000 a year?		
How many involuntary terminations in the last 18 months?		
How many layoffs in the last 18 months or anticipated in the next 18 months?		

3. Are terminations reviewed with human resources, legal counsel or a compliance firm? YES NO
4. With respect to layoffs, was severance available, and were releases signed? N/A YES NO
If "NO" to either severance or release, provide details in the Additional Information section, below.

VII. OPTIONAL: FIDUCIARY LIABILITY

1. For each plan to be covered (including all merged, terminated, or frozen plans), please list the following:

Plan Name	Plan Type*	# of Participants	Plan Assets (Current Yr)	Plan Status**
			\$	
			\$	
			\$	

*Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

**Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

If "YES," to questions 2 – 3, provide details in the Additional Information section, below.

2. Does any plan hold or provide the option to invest in products offered by the Applicant or an affiliate of the Applicant, or in securities of an applicant? YES NO
3. Has any Applicant experienced within the past 12 months, or is any Applicant anticipating, within the next 12 months, any reduction in benefits? YES NO

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION CALIFORNIA APPLICANTS:

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.

ATTENTION COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 FLORIDA APPLICANTS: 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 KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A "FRAUDULENT INSURANCE ACT" MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY AND PENNSYLVANIA APPLICANTS: 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.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

ATTENTION OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

ATTENTION OKLAHOMA APPLICANTS: WARNING, ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION TEXAS APPLICANTS: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT, CHIEF COMPLIANCE OFFICER OR FUNCTIONAL EQUIVALENT THEREOF.

ATTENTION NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____
(Required: Florida, Iowa & New Hampshire only)

Agent License #: _____
(Required: Florida only)

Print Name: _____

Name of Agency: _____

Address: _____

Date: _____

Agent Signature: _____
(Required: Florida & New Hampshire only)

Additional Information

[Empty rectangular box for additional information]

PLEASE FILL OUT AND EMAIL THIS COMPLETED FORM TO:

mark@liftman.com