Insured Information

Notes to the applicant:

This questionnaire is to be completed on behalf of all insureds. Please provide any supplementary information by addendum. Where answers are not applicable, please explain why.

Principal Insured:

Principal Address:

Additional Insured(s):

List of funds

Please list any funds to be covered, the total assets managed and investment strategy.

Name	Assets managed / advised	Summary of strategy
Total assets managed / advised		

Please indicate general percentages, where possible, of your investors from the following territories? We do not require this split by funds

UK/ Europe	
US / Canada	
Rest of world (Please Specify)	

Additional Information Required

1. Copy of the latest Prospectus   2. Performance Data – Latest Investor Newsletter   3. Due Diligence Questionnaire – If available

Additional Information & Claims

MANAGER ASSECURANZ COMPAGNIE
GESELLSCHAFT M. B. H ASSEKURADEUR

Please confirm the following statement:

"It is confirmed that no claim(s) have been made against me/us and that no circumstances which are likely to give rise to a claim(s) against me/us have become known to me/us."

☐ True   ☐ False

If there are any claims or circumstances then please provide details if you have already not done so:

WE HEREBY DECLARE THAT the above statements and particulars are true and complete to the best of our knowledge.

This insurance is based on all of the information you have supplied including this document and you must disclose to insurers all information that is material to the risk. If there is any doubt as to whether information is material please ask our advice.

Date   **Signature**

(Director)

Underwriters hereby deem the questions asked in the proposal form to be their own and sufficient for underwriting purposes unless specified otherwise