

## FOR INVESTMENT ADVISORS WHO HANDLE FUNDS REQUIRING BONDING COVERAGE

Ag	ency Name:	_ Agency Code No:	Branch Office:	
AD	DVISOR NAME:			_
	DDRESS:			_
	licy Period: From To			
1.	Date Established?			_
2.	Number of Employees?			_
3.	Are your services provided on a fixed fee basis? If no, how do you charge for your services?		Yes 🗆 No 🗆	_
4.	Does someone, other than the person authorize clients, review statements of account activity? Who reviews these statements?		Yes 🗆 No 🗆	
5.	What percentage of account transactions is discu	retionary?%		
6.	Does every client sign an agreement or contract purchased for his/her account? If no, describe further		Yes 🗆 No 🗆	
7.	Who maintains custody over clients' investment	assets?		_
8.	Are investment advisers allowed to execute trad If yes, what limits are imposed over their trading			
9.	Do you ever take physical possession of any of y If yes, describe the circumstances and types of a			_
10	. Do you have an associated or affiliated departm of the assets of clients for whom you provide in If yes, identify and describe the circumstances	vestment advice?	Yes 🗆 No 🗆	_
11	. Do you ever appoint the custodian who holds t If yes, describe the conditions		Yes 🗆 No 🗆	_
12	. Do your clients approve the selection of the cus	todian for assets?	Yes 🗆 No 🗆	

13	Do you limit the amount of client assets (multiple clients or assets of one client) which you will place with any one custodian? If no, describe the reasoning.	Yes 🗆 No 🗆			
14	. Who furnishes clients with a summary/statement of account activity?				
	How frequently? Monthly $\Box$ Quarterly $\Box$ Semi-annually $\Box$ Annually $\Box$				
15	15. Does the custodian provide you with a copy of the client's statement of investment account activity which was made in response to your instructions? Yes □ No □ If yes, how often?				
16	16. Does the custodian for the client's investment assets charge the client directly for their fee? Yes $\square$ No $\square$				
17	. Does your firm currently have Employee Dishonesty Coverage in effect? If yes, indicate:				
	Carrier Policy No. Limit Deductible   \$ \$ \$	Eff/Exp Dates			
18	Has your firm had any employee dishonesty losses in the past 6 years? Yes $\Box$ No $\Box$ If yes, please complete the following:				
		Corrective Measures Taken			
19	Is there any prior fidelity coverage to be superseded? <u>Form of Policy</u> <u>Exp/Canc Date</u> <u>Max Amt of Cov per Plan</u> <u>No. of Plans Covere</u> \$	Yes □ No □ d <u>Name of Insurer</u>			

20. Have you ever committed or have you been charged with SEC disciplinary violations? Yes  $\Box$  No  $\Box$  If yes, please attach a statement providing full details of the incident(s).

\*Furnish complete copies of your most recent year end CPA audit report.

\*Furnish a sample copy of the contract which you enter into with your clients.

\*On a separate form, list each ERISA plan to be insured, including the full plan name, the plan type, address, amount of assets and amount of coverage requested.

**APPLICABLE IN NEW YORK STATE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any 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.

Signed, sealed and dated this day	y of, 20
	(Applicant)
	BY:
DATE:	TITLE: