



Application

FAMILY OFFICE LIABILITY
Supplemental

APPLICANT INFORMATION
ATTESTATION
FRAUD WARNING

SUPPLEMENTAL APPLICATION

Family Office Liability Insurance

Application for claims-made and reported Management & Professional Liability Insurance Policy, limited to only those claims first made against the insured and reported in writing to the insurer during the policy period or an extended reporting period, if applicable.

It is agreed that in granting coverage under this Policy, the Insurer has relied upon the information and materials described below and any other material submitted by the Applicant in connection with the underwriting of this Policy.

The term **Applicant** means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

A. APPLICANT INFORMATION

Applicant Name: _____

1. What is the firm's current assets under management ("AUM")?

2. Is the firm a single or multi-family office? Single ☐ Multi ☐

If **multi-family**, how many families are clients? _____

3. Do you qualify for the SEC's Family Office Rule exemption? YES ☐ NO ☐

4. Please provide the percentage of the following professional services rendered:

Administrative & Bookkeeping	%	Investment or financial advisor	%
Consulting Services for employment or personal related insurance placement, public relations, investor relations, etc.	%	Legal services, support or advice	%
Debt collection services	%	Property management	%
Employee benefits plan consulting	%	Tax preparation services	%
General partner to investment partnerships	%	Trustee services	%
		Other (please attach a brief description)	%

5. Do you create trusts with Family Office employees as trustees? YES ☐ NO ☐

If **YES** to employee trustees, are the trustees beneficiaries of the trust? YES ☐ NO ☐

If **YES** to beneficiaries, how are conflicts of interest managed?

6. Do you have policies & procedures in place to protect against improper distributions, misconduct, self-dealing & mismanagement? YES ☐ NO ☐

7. Are any family members of your client(s) employed by the Family Office? YES ☐ NO ☐

If **YES**, how many & in what functions do they serve?

8. Do you receive fees from any third parties other than the Family Office clients? YES ☐ NO ☐

If **YES**, please explain.

9. Have there been changes to senior management in the last three years? YES ☐ NO ☐

If **YES**, please explain.

10. Do you have a full-time Chief Compliance Officer? YES ☐ NO ☐

If **NO**, who performs that function? _____

11. With respect to investments, do you:

Actively Manage ☐ Oversee Outside Managers ☐ N/A ☐

12. Please provide the following information regarding your investments:

ASSET CLASS	# OF INVESTMENT MANAGERS	% OF AUM	MANAGER (with largest concentration of AUM per asset class)
Cash		%	
Commodities		%	
Equities		%	
Exchange-Traded Funds		%	
Fixed Income/Municipal Bonds		%	
Managed Futures		%	
Hedge Funds		%	
Mutual Funds		%	
Private Equity Funds		%	
Real Assets		%	
Real Estate Funds		%	

13. Please provide the following information regarding your outside service providers:

OUTSIDE SERVICE PROVIDER: TYPE	OUTSIDE SERVICE PROVIDER: NAME	RECENT CHANGE TO PROVIDER?		AFFILIATED WITH FAMILY OFFICE?		PROOF PROVIDER MAINTAINS PROFESSIONAL LIABILITY INSURANCE?	
Accounting Firm		YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐
Law Firm		YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐
Investment Advisor		YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐
Custodian		YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐
Administrator		YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐
Placement Agent		YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐
Regulatory Compliance Officer		YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐

Additional Requested Information:

1. Most recent audited financial statements for each fund proposed for coverage.
2. Most recent quarterly report to investors for each fund proposed for coverage.
3. Offering memorandums and/or partnership agreement for each fund proposed for coverage.

B. ATTESTATION

Please Read Carefully

The undersigned, acting on behalf of the applicant and all proposed insureds, declare that the statements set forth herein are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this application.

The undersigned agree that the application and all other materials submitted to the insurer are their statements, are incorporated in and constitute a part of the policy, and shall be deemed attached to the policy as if physically attached. The undersigned represent that the statements and representations in the application and all other materials submitted to the insurer shall be deemed material to the acceptance of the risk and that the policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this application, together with any other materials submitted to the insurer, have been completed as respects to the entire applicant and all proposed insureds.

The undersigned further declare that if any significant change in the condition of the Applicant or proposed insureds is discovered, between the date this Application was signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The undersigned and insurer agree that the signing of this application does not bind the undersigned to purchase the insurance.

SIGNATURE

By: _____

Name *(Please type or print)*: _____

Title *(Must be Signed by President, CEO, CFO or Managing Partner)*: _____

Date Signed: _____

C. FRAUD WARNING

All States (Unless a State-Specific Fraud Warning Applies)

NOTICE TO 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 act, which is a crime and may subject such person to criminal and civil penalties.

State-Specific

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 fines and confinement in prison. **NOTICE TO 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 insurance 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 for the purpose of defrauding or attempting to defraud the policyholder 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 authorities. **NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **NOTICE TO 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. **NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. **NOTICE TO LOUISIANA 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 fines and confinement in prison. **NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NOTICE TO 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. **NOTICE TO 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 (365:15-1-10, 36 §3613.1). **NOTICE TO OREGON APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. **NOTICE TO 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. **NOTICE TO 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 insurance company. Penalties include imprisonment, fines and denial of insurance benefits. **NOTICE TO VERMONT 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 act, which may be a crime & may subject such person to criminal and civil penalties. **NOTICE TO 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.