

Funds Controlled Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED...

I. INSTRUCTIONS

Whenever used in this Questionnaire, the term Firm shall mean the Named Insured proposed for insurance, and You or Your(s) shall mean the persons and entities proposed for insurance unless otherwise stated.

- 1. Provide the total amount of client funds the Firm and any Affiliated Firm control or disburse annually: \$
2. Number of Clients with funds under Firm control:
3. Describe the scope of services provided by the Firm and any Affiliated Firm, including all quality or internal controls in place for the services provided.
4. Does the Firm or any Affiliated Firm provide business management or Family Office services, or control funds for clients in the entertainment field?
5. For each Family Office client with assets under Your control of \$10,000,000 or greater and for each business management/entertainment client with assets over \$5,000,000 under Your control, provide a detailed description of services provided to each client.
6. Provide the number of employees who control or disburse funds for the Firm and Affiliated Firm.
8. Are engagement letters for all fund controlled services updated annually and when any change in services, and signed by the client?
9. Do You have discretionary authority to make investments decisions on behalf of the client?
10. Does Firm and Affiliated Firm ensure that all client bank accounts are reconciled by someone other than the Firm's employees who can access funds from the client's account?
11. Does the Firm or Affiliated Firm currently have a surety bond or other form of Employee Dishonesty/Theft coverage?
12. Subject to underwriting approval, Employee Theft coverage may be available by endorsement. Would the Firm like a quotation?

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

**Date**                      **Signature / Title**

\_\_\_\_\_                      \_\_\_\_\_  
(mm/dd/yyyy)                      (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

\_\_\_\_\_                      \_\_\_\_\_  
(mm/dd/yyyy)                      (Print Name and Title)

**A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.**  
Please submit this "Questionnaire" including appropriate documentation to your agent.