

Protection Advantage

INVESTMENT ADVISER PREMIUM INDICATION

1. A) Name of your Firm: _____
 - B) Mailing Address: _____ City: _____ State: _____ Zip: _____
 - C) Contact Name: _____ Phone: _____ Fax: _____
 - D) E-mail Address: _____
 - E) Website Address: _____
 - F) Year Established: _____
 - G) SEC or state registered: Y ___ N ___
 - H) Number Offices: US/Canada: _____ Elsewhere: _____
 - I) Do you currently carry Professional Liability (E&O) and/or Directors & Officers Liability coverage? Y ___ N ___
 If YES, please provide the following information: Carrier: _____ Expiration Date: _____ Premium: _____
 Limits: _____ Retention (or deductible): _____ Prior Acts (or retroactive) date: _____
 - J) Has any carrier ever refused or cancelled coverage? Y ___ N ___ If yes, provide a brief explanation on a separate sheet of paper.
2. Coverage requested: Limit/Retention: (1) _____ / _____ (2) _____ / _____
 3. What percentage of your firm is owned by its Directors and Officers? _____
 4. Describe your investment style/focus: Large cap Small cap Micro cap Fixed Income Balanced
 Value Growth Capital Preservation MM Funds Domestic Foreign Emerging Markets
 Other
 5. Staff: How many are Partners, Directors, Officers and Portfolio Managers: _____ How many are other staff: _____
 6. Complete for those accounts for which your firm acts as Investment Counselor or Adviser:

	<u>Market Asset Value</u>	<u># Accounts</u>	<u># Clients</u>
Discretionary	_____	_____	_____
Non-Discretionary:	_____	_____	_____
Total:	_____	_____	_____
Total for prior year:	_____	_____	_____

7. Are you an adviser to any of the following: (please check if yes) Mutual Funds Limited Partnerships Hedge Funds
8. What are your total assets under management for multi-employer (Taft-Hartley), union or gov't employee benefit plans? \$ _____
9. Please provide the percentage of total assets under management you have invested in each of the following:
 Junk bonds: _____ Commodity Futures: _____ Real Estate: _____ Options: _____ Private Placements: _____
 Unreg. Securities: _____ Direct Placements: _____ Oil & Gas Joint Ventures: _____ Cattle Trusts: _____
 Ltd P-ships (excl hedge funds): _____ Hedge Funds: _____ Asses Backed Sec: _____ Mortgage Backed Sec: _____
 Structured Finance/Credit Sec: _____ Asset Backed or SIV issued Coml. Paper: _____
10. Do you provide investment management consulting services?* Y ___ N ___
 If YES, what percentage of your operation (by annual receipts) is derived from investment management consulting? _____ %
 *(Investment Management Consulting means assistance with asset allocation and the selection of other investment advisers who recommend specific investments and the monitoring of these advisers as opposed to your firm itself making specific investment recommendations)
11. Are you interested in an option including D&O coverage? Y ___ N ___
12. In the past 5 years, has your firm or its professionals had any claims? Y ___ N ___
13. Are you aware of any circumstances that may result in a claim under this policy? Y ___ N ___
14. In the past 5 years, have you ever been the subject of a federal or state investigation? Y ___ N ___

If you answered "Yes" to Questions 12, 13, or 14, please provide details on a separate attachment
NOTE: Please enclose your ADV Part II

THIS IS NOT AN APPLICATION FOR INSURANCE! THIS DOCUMENT PROVIDES BASIC INFORMATION FOR THE PURPOSE OF OBTAINING A NON-BINDING PREMIUM INDICATION. SUCH INDICATION IS NOT BINDING ON THE COMPANY. TO OBTAIN AN ACTUAL QUOTE FOR INSURANCE, IT IS NECESSARY TO SUBMIT A PROPERLY COMPLETED APPLICATION AND ALL OF THE SUPPORTING DOCUMENTATION REQUESTED THEREIN. THE TERMS OF ANY QUOTE MAY VARY CONSIDERABLE FROM ANY INDICATIONS.