



## Investment Company Bond Application

Name of Investment Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 1. Insureds

1. Name of Investment Companies to be included as Insureds	Number of Officers		

2. Additional Insureds to be included as Joint Insured only if affiliated and their principal business is related to the insured Investment Company named above.	Function (distributor, broker-dealer, etc.)	Number of Employees	Number of Officers

3. Give the total assets for all Investment Companies managed \$ \_\_\_\_\_

4. a. Have there been any losses paid under a fidelity blanket bond during the last (6) years? ☐ Yes ☐ No

b. If yes, please attach a description giving date, gross amount of loss and a brief summary of each loss.

### Proposed Bond Program

Coverage	Limit Liability	Deductible
Fidelity	\$	\$
Audit Expense (Maximum \$100,000 for Limit of Liability)	\$	\$
Premises	\$	\$
Transit	\$	\$
Forgery/Alteration	\$	\$
Securities Forgery	\$	\$
Counterfeit Currency	\$	\$
Stop Payment (Maximum of \$100,000 for Limit of Liability)	\$	\$
Uncollectible Items (Maximum of \$100,000 for Limit of Liability)	\$	\$
Computer Crime	\$	\$
Unauthorized Signatures	\$	\$
Telefacsimile Transmissions	\$	\$
Automated Phone Systems	\$	\$

**2. Fund Operation**

1. a. How many mutual funds are created (on average) per year?	b. How many funds are currently in registration?	
2. a. Name(s) of Outside Electronic Processor(s):	b. Function:	
3. a. Name(s) of Custodian(s):		
4. a. Name(s) of Transfer Agent(s):	b. For which Fund?	
5. a. Name of Investment Advisor: _____	b. Number of Employees _____	
c. Please describe any other functions of the company:		
	<b>Yes</b>	<b>No</b>
6. a. Are all shareholder accounting services performed by the Transfer Agent?	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>If no</b> , please attach an explanation of who performs other shareholder accounting services and what those services are.		
7. a. Do you transfer funds electronically?	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>If yes</b> , what is the average amount of funds transferred on a daily basis? _____		

**3. External Audit**

	<b>Yes</b>	<b>No</b>
1. State the name of the outside audit firm of certified accountants who perform audits other than governmental examinations, directors examinations and similar limited scope audits.		
a. Frequency of these audits _____		
b. Does the outside audit include all locations?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the outside audit include all data processing centers?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no</b> , to either b or c above please explain limitations.		
d. Does auditor regularly review your internal controls and furnish a written report to management?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has the auditor made any recommendations in the area of data processing that have not been adopted?	<input type="checkbox"/>	<input type="checkbox"/>

**3. External Audit Continued**

	Yes	No
2. Are signatures reviewed against applications for checks or drafts over \$2,500? If no, please attach explanation.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there at least a 48 hour grace period on deposits received prior to crediting a customer or shareholders account? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
4. List the name of the Computer Systems owned and operated by the Named Insured _____		
5. Are passwords to Computer Systems changed on a monthly or quarterly basis? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Is access to the Insured's Computer Systems restricted to authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Insured utilize "anti virus" software? If no, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Whom has access to Automated Phone System Equipment which permits the Insured to process a transaction on behalf of a customer or shareholder? _____		

**Fraud Statements**

**Applicable in AL, AR, LA, NM, RI, and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

**Applicable in CO, ME, TN, VA, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 policy- holder 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 Agencies.

**Applicable in CA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in DC: 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.

**Applicable in FL:** 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.

**Applicable in KY:** 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.

**Applicable in MD:** 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.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in NY:** 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.

**Applicable in OH:** 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.

**Fraud Statements *Continued***

**Applicable in OK: 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.

**Applicable in OR:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

**Applicable in PA:** 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.

**Applicable in other states:** Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_