

Chubb Elite III Investment Management Insurance

Proposal Form



Important Notices

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

Coverage

The Directors and Officers Liability and Professional Indemnity contracts of insurance will cover liabilities arising from claims first made against you during the policy period or discovery period, if applicable. The Crime contract of insurance will cover loss first discovered during the policy period or discovery period, if applicable.

Waiver of Contribution or Indemnity Rights

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance that you will not seek to recover such loss or damage from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

Change of Risk or Circumstances

You should advise Chubb as soon as practicable of any material change to your normal business as disclosed in the proposal, including but not limited to changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions To the Applicant

Completing the Proposal Form:

- Please note that this proposal form is being completed by the Applicant on behalf of all the Insureds to be covered and as defined in the Policy. The reference to Applicant means the Principal Organisation and its Subsidiaries, as defined in the Policy.
- Please read the Important Notices on pages 1 -2.
- Please answer all questions. If you have insufficient space to complete an answer, attach a separate signed and dated sheet and identify the question number concerned.

Please enclose with this Proposal Form:

- A. Latest investment performance information for each Fund and mandate;
- B. Latest prospectus, product disclosure statement, or offering memorandum to members of each of the Funds;
- C. Independent analyst reports for the Funds;
- D. Copy of standard contract(s) for customer mandates;
- E. Latest audited annual reports and interim reports of the Applicant; and
- F. Organisational Chart.

Application for Insurance Cover

Period of Insurance:	From:	To:
Limit of Liability Required:	Option 1 HKD	Option 2 HKD
Excess/Deductible Requested:	Option 1 HKD	Option 2 HKD
Type of Insurance Requested:	Insurance	Reinsurance
Are you requesting cover for Fraud & Dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you requesting cover for Cyber and Privacy Infringement Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Applicant Details

(a) Name of Applicant:

(b) Principal address:

(c) Web address:

(d) Date established:

(e) Nature of the business of the Applicant:

(f) Is the Applicant licensed by any regulatory authority?

Yes No

If YES, please list the regulatory authorities:

2. Ownership

(a) Is the Applicant:

(i) Listed on any stock exchange?

Yes No

(ii) Listed on any unlisted securities market or exempt exchange?

Yes No

(iii) Traded in any other way?

Yes No

If YES, please provide full details: stock code; what exchange they are listed on; and type of security traded on that exchange:

(b) Please detail any shareholder or associated group of shareholders who own or control, directly or indirectly, more than 10% of the ordinary share capital of the Applicant:

3. Material Change In Subsidiaries

(a) Is the Applicant or any individual proposed for coverage aware of any actual (last 12 months) or future acquisition, merger or creation of a new subsidiary:

Yes No

If YES, please list any subsidiaries:

(i) that have increased the asset size of the Applicant's total assets by more than 20% based on the latest audited consolidated financial statements or annual report:

(ii) that are domiciled inside of, and principally active in the United States of America or its Territories:

(iii) that are registered as Investment Advisors with the U.S. Securities and Exchange Commission:

4. Information Relating To Investment Managers And/Or Funds

(a) Please complete the attached Details of Investment Managers Activities on page 11.

(b) Please complete the attached Schedule of Funds on page 12.

(c) Is the Applicant or any individual proposed for coverage aware of any actual (last 12 months) or future acquisition, creation or incorporation of a new Fund:
If YES, please list any Funds:

Yes No

(i) that are regulated by the U.S. Securities and Exchange Commission:

(ii) whose investment strategies are materially different in their nature to those of the existing Funds:

5. Service Providers/Agents

Please provide the list of the Applicant's service providers or agents based on the following functions:

Applicants	Name of Service Provider / Agent
Fund Manager	
Trustee	
Custodian	
Adminstrator	
Stockbroker	
Others	

6. Outside Directorship Cover:

Note: Outside Directorship means the position of director or officer held by any proposed insured person in an Outside Organisation at the request of the Applicant. An Outside Organisation is a company which is not a subsidiary of the Applicant and in which the Applicant holds up to 50% of the issued and outstanding voting shares or is a not for profit entity.

The cover afforded will be excess of any indemnity provided by the Outside Organisation and in excess of any cover provided under the Outside Organisation's insurance policy or policies.

(a) Are there any directors, officers or employees that hold an Outside Directorship position in an Outside Organisation?

Yes No

If YES, please complete the following for each Outside Directorship:	
(i) Does the Outside Organisation indemnify its directors and officers to the full extent possible at law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Does any Outside Organisation have any securities listed or traded on any exchange in the United States of America or its Territories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details:	
(iii) Does the Outside Organisation derive more than 20% of its revenue from investment banking, hedge funds or private equity Investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Does the Outside Organisation purchase Directors & Officers Liability Insurance? If YES, please provide the following information:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Name of Insurer:	
(ii) Policy Number:	
(iii) Limit of Liability:	
(iv) Deductible:	
(v) Expiry Date:	
(v) Are any of the Outside Organisations or their directors and officers aware of any claim or circumstances that could give rise to a claim relating to the Outside Organisation? If YES, please provide full details separately.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vi) Have any of the Outside Organisations or its directors and officers been involved in any Directors and Officers litigation relating to the Outside Organisation? If YES, please provide full details separately.	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Internal Controls And Procedures

(a) In respect to the transfer of funds or property to another organisation:

(i) Please describe the method of instruction, for example, written, telephone, electronic, etc:

(ii) Are these instructions tested or subject to a call back procedure to an authorised person other than the individual initiating the transfer? Yes No

If NO, please provide details:

(b) Does the Applicant conduct an independent check of the employment history of any new employees prior to being recruited? Yes No

(c) Are duties segregated so that no individual can complete an activity from the beginning to the completion of the task without referral to another in respect of:

(i) Opening new bank accounts

(ii) Disbursement of assets

(iii) Signing cheques or authorising payments greater than US \$10,000	
(iv) Custody of securities	

If NO, please provide details as to alternative arrangements:

8. External Audits

(a) State the name of the external auditors who fully audited your accounts in the last five years:

(b) How often are full external audits conducted?

(c) Does the audit include all offices and branches, including data processing offices? Yes No

(d) Does the external auditor:

(i) Regularly review the system of internal control and furnish written reports? Yes No

(ii) Report directly to the Audit Committee of the Board of Directors? Yes No

(e) Has the firm rendered an unqualified opinion for each of the last five years? Yes No

(i) Have all recommendations been complied with as a result of the most recent audit? Yes No

(ii) If NO, have you adopted alternative arrangements to the satisfaction of your auditor? Yes No

9. Continuous Disclosure

(a) Does the Applicant or listed Funds have written procedures and protocols in place to ensure the Applicant or listed Fund complies with any continuous disclosure obligations arising pursuant to any legislation, listing rules or other law?
If YES, are all relevant directors, officers or employees: Yes No

(i) Provided with a copy of the manual and/or guidelines? Yes No

(ii) During the past 2 years, have all relevant directors, officers and staff received regular training in relation to their continuous disclosure obligations? Yes No

(b) Who is responsible for ensuring compliance with continuous disclosure obligations?

10. Trade Or Economic Sanctions

(a) If work is performed overseas, does the Applicant have any operations or dealings which could give rise to a risk or obligation in a jurisdiction which is subject to any sanction, prohibition or restriction under United Nations resolutions or any trade or economic sanctions of the Hong Kong Special Administrative Region? Yes No

If YES, please provide details:

(b) Are there any officers or employees that hold an Outside Directorship position in an Outside Organisation which could give rise to a risk or obligation in a jurisdiction which is subject to any sanction, prohibition or restriction under United Nations resolutions or any trade or economic sanctions of the Hong Kong Special Administrative Region?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES, please provide details:

11. Optional Extension

Securities Entity Cover

Coverage is afforded under this extension to the Applicant for claims made against the entity arising out of the sale or purchase of the Applicant's securities.

Would you like Chubb provide a quotation for this extension to the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12. Insurance Details

(a) Does the Applicant currently purchase Investment Management Insurance? If YES, please provide the following information:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(i) Name of Insurer:	
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(ii) Limit of Liability:	
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(iii) Deductible:	
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(iv) Expiry Date:	
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(b) What coverage is now required?	
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Directors' and Officers' Liability:	
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Professional Indemnity:	
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Crime:	
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(c) What Limit of Liability is required for each section?	
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Directors' and Officers' Liability:	
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Professional Indemnity:	
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Crime:	
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What Aggregate Limit of Liability is required for each Policy Period?	
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What Deductible is required?	
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13. Claims/Circumstances

(a) Have any claims ever been made against the Applicant or any past or present director, officer or employee of the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(b) Is the Applicant, or any director, officer or employee aware, after enquiry, of any fact, circumstance, act or omission which may give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(c) Has any past or present director or officer of the Applicant ever been declared bankrupt, had any fine or penalty imposed or been subject to any official investigation, inquiry or examination in such capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(d) Has there ever been, or is there currently pending, any prosecution of the Applicant, or any director, officer or employee of the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(e) Has the Applicant, or any director, officer or employee of the Applicant, ever had an insurer decline a proposal for, or cancel or refuse to renew, an Investment Management Insurance policy, Directors & Officers Liability Insurance policy, Professional Indemnity Insurance policy, or Crime Insurance policy, or had any special terms or conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Have any losses been paid on behalf of the Applicant or any past or present director, officer or employee of the Applicant, under any Investment Management Insurance policy, Directors & Officers Liability Insurance policy, Professional Indemnity Insurance policy, or Crime Insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you answer YES to any of the above questions, please provide full details separately.

Declaration

- We acknowledge that we have read and understood the Important Notices contained in this proposal.
- We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.
- We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer.
- We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.
- We undertake to inform the Insurer of any material alteration to those facts before completion of the contract of insurance/insurance policy period (if applicable).

Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so.

The Proposer further understands that the above agreement is necessary for Chubb to proceed with the application.

The above disclosure statement is only applicable in situations where an insurance broker is used to purchase/place a policy.

Personal Information Collection Statement

The Company (“We/Us”) want to ensure that Our **Insured Persons (“You”)** are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You (“Personal Data”)**, the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to

develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

(b) Direct marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which **You** accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

(d) Access and correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance ("PDPO"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer
39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong
O +852 3191 6222
F +852 2519 3233
E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

Signature

Applicant's Signature:

Applicant Name:

Position:

Date (DD/MM/YY):

About Chubb in Hong Kong SAR

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include property, casualty, marine, financial lines and consumer lines designed for large corporates, midsized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/hk.

Contact Us

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Details of Investment Manager's Activities (Other Than Funds) – Questions 4(a)

	Current Year	Previous Year
Number of Customers		
Total Asset Value of All Managed or Mandate Accounts		
Asset Value of Largest Account		
Total Number of Accounts Lost in Previous 12 Months		
Total Value of Accounts Lost in Previous 12 Months		
Total Fee Income		
Market Value of Discretionary Accounts		
Number of Discretionary Accounts		
Market Value of Non-Discretionary Accounts		
Number of Non-Discretionary Accounts		
Percentage Estimate of Assets Under Management Invested in Listed Securities		
Percentage Estimate of Assets Under Management Invested in Unlisted Securities		
Percentage Estimate of Assets Under Management Invested in Private Equity or Venture Capital		
Percentage Estimate of Assets Under Management Invested in Real Property Assets		
Percentage Estimate of Assets under Management Invested in Derivatives		

Schedule of Proposed Funds To Be Insured – Questions 4(b)

Name of Fund	Date Established	Listed or Unlisted	Open or Closed End Funds	Domicile	Total Assets or Funds Under Management (000's)		Benchmark Name Fund	Annualised Growth %						Maximum Permitted Leverage
					This Year	Previous Year		(1 Year)		(3 Years)		(Since Inception)		% of Net Asset Value
								Benchmark	Fund	Benchmark	Fund	Benchmark	Fund	