

# Fund Directors and Officers Insurance

## PROPOSAL FORM

Name			
Year Established		Number of Directors	
Fund Strategy and Current Funds Under Management			
Registered Address			
	Postcode		

**Acceptance Criteria** A quotation may be issued on the basis that you meet certain criteria. Please **tick the box** below to confirm that you meet all of the acceptance criteria.

✓	The applicant is a fund domiciled in the UK, Jersey and Guernsey, European Union, Cayman Islands or Bermuda.
✓	The fund is not a private equity fund, venture capital fund, property fund or fund of funds.
✓	The fund has an independent third party administrator which values the fund and provides Net Asset Value calculations to investors.
✓	The fund has an independent custodian who holds the assets of the fund.
✓	The fund is and any sub funds are independently audited by one of the following firms: PwC, KPMG, Deloitte, Ernst & Young, Grant Thornton, PKF, or BDO Stoy Hayward. The accounts have never been qualified.
✓	The fund has performed above its benchmark for at least three years.
✓	The fund strategy is invested entirely in Level 1 or Level 2 assets as defined within the IFRS.
✓	The fund has not seen redemptions of more than 20% in a single year for at least 3 years.
✓	The fund has at least 3 Directors who get paid a fee of at least USD 5,000 annually each and have attended all board meetings for the last 12 months.
✓	The fund has no more than 25% of its investors who are domiciled in the USA, its territories or protectorates.
✓	There are no current or past claims, or circumstances which may reasonably be expected to give rise to a claim, currently or previously made against the Directors or any past Directors of the fund.
<input type="checkbox"/>	<b>I Confirm</b>

Note: If you cannot answer "I Confirm" to all of the applicable criteria we may still be able to provide a quotation. Please provide full details below where you do not meet the required criteria and explain your alternative process or control which will then be considered by your underwriter. You may be asked to complete an Investment Management Proposal Form (TRV0475).

Please state the date from which you first purchased this type of insurance.  
If this application is the first purchase then state 'N/A'.

**Inception Date** Please advise the date from which cover is required  
(Note: this cannot be (1) earlier than the date on which this form is signed, or (2) more than 30 days after the date on which this form is signed).

Please confirm the Limit of Indemnity and retention you require below:

Limit of Indemnity

Retention

*Each and every claim*

**Important:**

**It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.**

## Declaration

*Must be signed by a Director or Company Secretary*

I/we declare that to the best of my/our knowledge or belief, the statements and particulars given in this application are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.) I/we agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/we also declare that if any information on this application has been written by another person on my/our behalf, that person acted as my/our agent for that purpose. I/we agree that this application and declaration shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

**Signature of the proposer**  
(Director or Company Secretary)

	Date
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**Print name and position held**

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**For and on behalf of**  
(Insert name of Company/Firm)

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**NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.**

**PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS.**

### Using Personal Information

Personal information which you supply to us may be used in a number of ways, for example:

- when considering an application;
- in conducting our relationship with you;
- underwriting insurance coverage;
- managing any policy issued;
- preventing and detecting fraud;
- providing risk management advice; and
- administering claims.

We may pass the information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents for these and other lawful purposes or as required by law, including providing the information to government or regulatory authorities. This may involve its transfer to countries which do not have data protection laws equivalent to those in the United Kingdom in which case we shall ensure that the information is appropriately protected. We may also share the information with, and obtain information about you and/or your employees or agents from, credit reference agencies and/or fraud prevention agencies.

For further information on how the information is used, how we maintain security of the information, and your rights to access information we hold on you and/or your employees and/or agents, please contact the Company Secretary at Travelers Insurance Company Ltd, Exchequer Court, 33 St Mary Axe, London EC3A 8AG or see our Privacy Policy at [travelers.co.uk](http://travelers.co.uk).

By making an application for insurance you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.