

Premium Indication Request Form Instructions

You have chosen to obtain a Non-Binding Premium Indication. Please submit a completed form in one of the following ways:

- 1) Email the form to **info@aoninvestmentpro.com**
 - 2) Fax the form using this fax cover sheet to **1-866-226-1415**
- or
- 3) Mail the form to:

Affinity Insurance Services, Inc.
ATTN: Aon Investment Professionals Insurance Solutions
159 E. County Line Rd.
Hatboro, PA 19040

If you have any questions, please call one of our representatives at **1-866-369-4549**

Monday – Friday between 8:00 A.M. and 5:00 P.M. EST.

Fax

To: Affinity Insurance Services, Inc. **From:** _____

Fax: 1-866-226-1415 **Pages:** _____

Re: Premium Indication **Date:** _____

• Comments: _____



Aon Investment Professionals Insurance Solutions Indication Form
Email the form to info@aoninvestmentpro.com or Fax to 1-866-226-1415

- 1. A) Firm Name:
B) Mailing Address:
C) Contact Name: E-mail address:
Phone Number: Fax Number: Website Address:
D) State of Incorporation (if applicable): Year established: Years of Investment Advisor experience:
E) SEC registered: YES NO State registered: YES NO
F) Professional Association Memberships:
G) Number of Offices: US/Canada: Elsewhere:
H) Do you currently carry Professional Liability, Directors & Officers, Employment Practices or Fiduciary Liability coverage?
I) Has any carrier ever refused or cancelled coverage?

2. Coverage requested: Limit/Retention: (1) / (2) /

3. What percentage of the firm is owned by its Directors and Officers?

4. Describe the firm's investment style: Large cap Mid cap Small cap Micro cap Fixed Income Balanced Value Growth Capital Preservation MM Funds Domestic Foreign Emerging Markets Other

5. Number of professional staff including Partners, Directors, Officers and Portfolio Managers: Other Staff:
Number of professional staff with CFA designation: List other professional designations:

6. Complete for those accounts for which the firm acts as Investment Advisor:

Table with 3 columns: Market Asset Value, # Accounts, # Clients. Rows include Discretionary, Non-Discretionary, Total, and Total for prior year.

7. What are the firm's annual revenues? \$

8. Check if the firm serves as advisor to any of the following: mutual funds limited partnerships hedge funds

9. What are the firm's total assets under management for multi-employer (Taft-Hartley), union or government employee benefit plans? \$

10. Does the firm provide Investment Consulting Services (recommending other Investment Advisors)?
If yes, list the amount of assets the firm consults on
Are these assets included in question 6?

11. Please provide the percentage of total assets under management the firm has invested in each of the following:
Junk Bonds: Commodity Futures: Real Estate: Options: Private Placements:
Unregulated Securities: Direct Placements: Oil & Gas Joint Ventures: Cattle Trusts:
Limited Partnerships (excluding hedge funds): Hedge Funds:

12. Has the firm had any claims or are they aware of any potential claims?
If yes, provide details on the claims including allegation, outcome, payout made by insurer, and steps taken to avoid future claims on a separate page.

THIS IS NOT AN APPLICATION FOR INSURANCE. THIS DOCUMENT PROVIDES BASIC INFORMATION FOR THE PURPOSE OF OBTAINING A NON-BINDING PREMIUM INDICATION. INDICATIONS MAY NOT BE GIVEN BASED ON THE RESPONSES TO THE ABOVE QUESTIONS. 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 CONSIDERABLY FROM ANY INDICATIONS THAT WERE PREVIOUSLY RECEIVED.