



Proposal Form

Investment Managers Insurance

Important Notice Relating to this Proposal

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM.

Your Investment Managers Insurance Policy is issued on a CLAIMS MADE basis.

Please note that this proposal form is being completed by the PROPOSER on behalf of all Insureds (as defined in the policy).

The term "PROPOSER" shall mean the Company listed below and all Subsidiaries of the Company for which coverage is proposed under this proposal form.

When completing this Proposal Form...

- Please answer all questions giving full and complete answers
- It is the duty of the PROPOSER to provide all information that is requested in the proposal form as well as to add additional relevant facts.
- A relevant fact is such know fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting professional indemnity insurance for the firm who acts as a PROPOSER.

This proposal form does NOT BIND the PROPOSER to complete the insurance but will form part of any insurance policy incepted.



DUAL
ASIA - HONG KONG

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, upon 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 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 his business, ought to know;
- As to which compliance with your duty is waived by their Insurer.
(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Non – Disclosure

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

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your proposal form and BEFORE you sign any declaration that there has been no change in the information proposed.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

Privacy Statement

DUAL Asia is bound by the obligations of the Personal Data (Privacy) Ordinance (Cap. 486) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We will use the information you provide in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc.

We may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide us with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to us.

You are entitled to access your personal information and request any correction if required.



PLEASE ENCLOSE WITH THIS PROPOSAL FORM:

- Latest Audited annual report for the PROPOSER and Funds
- Sample Investment Management Agreement with Clients
- Prospectus/PDS/Information Memorandum for the Funds which cover is requested
- Please complete the attached "Schedule of Funds"

HOW TO CONTACT MSIG HK and DUAL Asia

Address: 9/F, Cityplaza One
 1111 King's Road
 Taikoo Shing
 Hong Kong
 E-mail:reception@dualasia.com

SECTION 1: DETAILS OF THE PROPOSER

1. Name of the PROPOSER: _____
2. Address of Head Office: _____
3. Date of Incorporation: _____
4. Web Address: _____
5. Briefly describe the business activities of the PROPOSER: _____

SECTION 2: HISTORY OF THE COMPANY

1. Is the PROPOSER:
 - (a) Listed on the Hong Kong Stock Exchange? Yes No
 - (b) Listed on any foreign stock exchanges? Yes No
 - (c) Traded in any other way? Yes No
 If "Yes", please provide further details: _____

2. Does the PROPOSER have any assets, Funds or other business activities in the United States of America or Canada?
 If so, please provide details: _____



3. Please provide the name and ownership percentage of any shareholder owning more than 10% of issued shares of the PROPOSER:

Name	Ownership (Percentage)

SECTION 3: INSURANCE DETAILS

1. Has the PROPOSER any of the following types of insurance currently in force:

- (a) Directors and Officers Liability? Yes No
- (b) Professional Indemnity? Yes No
- (c) Crime/Fidelity Guarantee? Yes No

If "Yes" to any of the above please provide details for the following:

Name of Insurer:	
Limit of Indemnity:	Deductible:
Expiry Date of the Policy:	

2. Aggregate amount of indemnity required (please tick)

- US\$1 million
- US\$2 million
- US\$5 million
- US\$10 million
- Other Amount US\$ _____

SECTION 4: OUTSOURCING

1. Please provide details of the following service providers to the PROPOSER and the family of funds under management (please provide separately if more space required).

- (a) Fund Administration: _____
- (b) Custody: _____
- (c) Trustee Services: _____
- (d) Investment Management: _____
- (e) Legal: _____
- (f) Audit: _____



(g) Other: _____

2. Have all the criticisms/recommendations from the last review of the auditors outlined above been corrected/implemented?

If not, please detail why: _____

SECTION 5: OUTSIDE DIRECTORSHIP

1. Do any of the Directors or Officers of the PROPOSER hold (at the specific request of the PROPOSER) any executive positions on any unrelated entities? If YES, please provide details of such entities:

Other Entity	PROPOSER Shareholding in Other Entity	Limit of Other Entity's D&O Policy	Insurer	Expiry Date

SECTION 6: CONTROLS

1. Are wages/salaries independently checked against personnel records for unusual or excessive payments?
 Yes No
2. Are the following duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others:
- (a) signing cheques or authorising payments above US\$10,000? Yes No
 - (b) issuing funds transfer instructions? Yes No
 - (c) amending funds transfer procedures? Yes No
 - (d) opening new bank accounts? Yes No
 - (e) refund of monies or return of goods above US\$10,000? Yes No
3. Are bank statements independently reconciled by persons not authorised to deposit/withdraw funds or to issue funds transfer instructions?
 Yes No
4. (a) Are unique passwords used to give various levels of entry to the computer depending on the users authorisation and/or authority level?
 Yes No
- (b) Are passwords automatically withdrawn when people leave? Yes No
- (c) Are all amendments to in house programs approved independently of the persons making the amendments?
 Yes No



- (d) Are in house programs protected to detect unauthorised changes? Yes No
- (e) Is your computer system protected by virus detection and repair software? Yes No

SECTION 7: CLAIMS INFORMATION

1. (a) Has the PROPOSER or any person requesting coverage under this policy been involved in or have they knowledge of any fact or circumstances which may give rise to a claim under the proposed policy? Yes No
- (b) Has any Claim been brought against the PROPOSER or any of it's Director, Officers or employees? Yes No
- (c) Has any payment for loss been made on behalf of any Applicant or person requesting coverage under any professional liability, directors & officer's liability, fidelity bond or any similar insurance? Yes No

If the answer to any of the above is "Yes", please provide further details (please provide separately if more space is required).

It is agreed that if such knowledge exists, any claim, action or proceeding arising from such fact or circumstance will not be afforded cover under this policy.

SECTION 8: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

We declare that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof. We agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. We agree that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE CHAIRMAN OF THE BOARD OR MANAGING DIRECTOR ONLY

Signed: _____ Signed: _____

Title: _____ Title: _____

Date: _____ Date: _____

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

Schedule of Funds

Fund / Client Name	Date Established	Funds Under Management		Nature of Investment Assets	Listed (Yes/No)	Minimum Investment	No. of Fund Members	Open to new Investments (Yes/No)
		This Year	Last Year					