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Name of Insurance Company to which Application is made  
(herein called the "Insurer")

## GENERAL PARTNERS AND LIMITED PARTNERSHIP LIABILITY INSURANCE APPLICATION

**NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

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### 1. APPLICANT'S:

- (a) Named Limited Partnership
- (b) State of formation
- (c) Date of formation
- (d) Address
  
- (e) Nature of business
- (f) Limited Partnership has continually been operating since \_\_\_\_\_
- (g) Insured's Representative (must be the Named Limited Partnership, a general partner of the Named Limited Partnership or the sponsor organization for the Named Limited Partnership)
  
- (h) Address of Insured's Representative
  
- (i) Relationship between Insured's Representative and Named Limited Partnership

- 2. (a) Amount of insurance requested: \$ \_\_\_\_\_
- (b) Self-insured retention desired (each loss): \$ \_\_\_\_\_

**3. Complete list of all Additional Affiliated Limited Partnerships:**

Name	Nature of affiliation	Date first Affiliated	Business or Type of Operation
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Coverage to include all listed entities? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", include complete list of General Partners of each Limited Partnership. If "No", include complete list of General Partners of each Limited Partnership for which coverage is requested. If included as an attachment herein, check here \_\_\_\_\_. (Attached)

**4. Complete list of all Corporate Subsidiaries of all Entity General Partners:**

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Country/ State of Incorporation
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Coverage to include Subsidiaries? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", include complete list of Directors and Officers of each Subsidiary. If "No", include complete list of Directors and Officers of each Subsidiary for which coverage is requested. If included as an attachment herein, check here \_\_\_\_\_. (Attached)

**5. Complete list of all General Partners of the Applicant and the Additional Affiliated Limited Partnerships by name and affiliation with other Limited Partnerships and/or other corporations: (If included as an attachment herein, check here \_\_\_\_\_.)**

**6. Securities Ownership for each Limited Partnership, Entity General Partner and Corporate Subsidiary thereof:**

(a) The following are publicly traded:  equity,  debt,  mixed (attach explanation)

(1) If no securities are publicly traded, check here "none": \_\_\_\_\_

(2) For those securities that are publicly traded, indicate name of exchange(s) and ticket symbol(s) here: \_\_\_\_\_ (If included as an attachment, check here: \_\_\_\_\_ )

(b) Total number of voting securities outstanding \_\_\_\_\_

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- (c) Total number of limited partners \_\_\_\_\_
- (d) General Partners' interest (Cash flow and Capital) \_\_\_\_\_
- (e) Each Limited Partnership Interest (Cash flow and Capital) \_\_\_\_\_
- (f) Does any securityholder own five percent or more of the voting securities directly or beneficially? If so, designate name and percentage of holdings. (If no such shareholders, check here "none": \_\_\_\_\_.)
- (g) Are there any other securities convertible to voting securities? If so describe fully. (If none, check here "none": \_\_\_\_\_.)
7. Are any plans for merger, acquisition, consolidation, "roll-up" or "roll-over" of or by the Applicant, any Additional Affiliated Limited Partnerships, any Entity General Partners or any Corporate Subsidiaries being considered? Yes \_\_\_\_\_  
No \_\_\_\_\_
- (a) If so, have they been approved by the board of managers? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Approval \_\_\_\_\_
- (b) If so, have they been submitted to the limited partners for approval? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Approval \_\_\_\_\_
8. Has any General Partner of any Limited Partnership with which he, she or it has been involved as a General Partner, been the subject of any bankruptcy or insolvency proceeding or made an assignment for the benefit of creditors? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes", attach complete details)
9. Does the Applicant, any of the Additional Affiliated Limited Partnerships, any Entity General Partners or any Corporate Subsidiaries anticipate any registration of securities under the Securities Act of 1933 or any other offering of securities within the next year? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes", give details and submit offering materials if available.)
10. (a) There has not been nor is there now pending any claim(s) against any person or entity proposed for insurance in his, her or its capacity as a General Partner of the named Applicant or any Additional Affiliated Limited Partnerships or as a director or officer of any Entity General Partners or any Corporate Subsidiaries except as follows: (Attach complete details. If no such claims, check here: "none" \_\_\_\_\_.)
- (b) There has not been nor is there now pending any claim(s) against the Applicant, any Additional Affiliated Limited Partnerships, any Entity General Partners or any Corporate Subsidiaries with regard to the securities of the Applicant, any Additional Affiliated Limited Partnerships, any Entity General Partners or any Corporate Subsidiaries, except as follows: (Attach complete details. If no such claims, check here: "none" \_\_\_\_\_.)
11. (a) No General Partner has knowledge or information of any act, error or omission which might give rise to a claim under the proposed policy except as follows: (Attach complete details. If they have no such knowledge or information, check here: "none" \_\_\_\_\_.)
- (b) Neither the Applicant, any Additional Affiliated Limited Partnerships, any Entity General Partners or any Corporate Subsidiaries has knowledge or information of any act, error or omission which might give rise to a securities claim under the proposed policy except as follows: (Attach complete details. If they have no such knowledge or information, check here: "none" \_\_\_\_\_.)

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12. Has the Applicant, any Additional Affiliated Limited Partnerships, any Entity General Partners, any Corporate Subsidiaries or any General Partner:
- (a) Been involved in any antitrust, copyright or patent litigation? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (b) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (c) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (d) Been involved in any representative actions, class actions, or derivative suits? Yes \_\_\_\_\_ No \_\_\_\_\_

(If any of the above are answered "Yes", attach full details.)

It is agreed that with respect to Questions 11 and 12 above, that if such knowledge, information or involvement exists, any claim or action arising therefrom is excluded from the proposed coverage.

**13. Previous General Partners Liability Insurance**

- (a) Name of insurance company
  - (b) Limit of Liability
  - (c) Self-insured retention
  - (d) Policy expiration date
  - (e) Premium (indicate one year or more)
  - (f) Loss experience (Attach full details. If no losses, check here: \_\_\_\_\_ .)
14. Has any insurance carrier refused, canceled or nonrenewed coverage?\*\*\* Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes", attach full details including when and reason.
15. Name of Risk Manager (or equivalent position) and General Counsel (or equivalent position) and number of years in current position:

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16. Name and Location (City) of outside law firm for securities, partnership or litigation matters:

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\*\*\*MISSOURI APPLICANTS NEED NOT REPLY.

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**17. Attach copies of the following for the Applicant and, to the extent available, each of the Additional Affiliated Limited Partnerships, each Entity General Partner and each of the Corporate Subsidiaries:**

- (a) Latest annual report and partnership tax return
- (b) A copy of the offering circular, registration statement and/or prospectus
- (c) Latest interim financial statement available
- (d) A copy of the Limited Partnership agreement and certificate
- (e) Copy (certified by the General Partners) of the indemnification provisions of the Partnership Agreement.

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It is agreed that the Applicant will file with the Insurer, as soon as it becomes available, a copy of each registration statement and annual or interim report which the Applicant, any Additional Affiliated Limited Partnership or any Subsidiary may from time to time file with the Securities and Exchange Commission.

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THE UNDERSIGNED AUTHORIZED GENERAL PARTNER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED GENERAL PARTNER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**NOTICE TO ARKANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. 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 POLICYHOLDER 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 IN THE THIRD DEGREE.

**FOR KENTUCKY APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**FOR NEW YORK APPLICANTS:** 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.

**FOR OHIO APPLICANTS:** 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.

**FOR PENNSYLVANIA APPLICANTS:** 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.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_

Attest \_\_\_\_\_

Broker \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized general partner of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized general partner of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_