



Theodore Liftman Insurance, Inc.

FINANCIAL INSURANCE

Liftman Insurance Agency Co. (NC, TX) Liftman Insurance Agency (NY, CA) Theodore Liftman (IA)

Investment Advisors Professional Liability Questionnaire

1. A) Firm Name: _____
- B) Mailing Address: _____
- C) Contact Name: _____ E-Mail address: _____
Tel: _____ Fax: _____ Website: _____
- 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, Director & Officers, Employment Practices or Fiduciary Liability coverage?..... Yes No
If yes, please provide a copy of your current declarations page.
- I) Has any carrier ever refused or cancelled coverage? Yes No
If yes, provide a brief explanation on a separate sheet of paper.

2. Coverage requested: \$500,000 \$1,000,000 \$2,000,000 Other \$ _____

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

4. Describe the firm's investment style:
- | | | | |
|---|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Large cap | <input type="checkbox"/> Mid cap | <input type="checkbox"/> Small cap | <input type="checkbox"/> Micro cap |
| <input type="checkbox"/> Fixed Income | <input type="checkbox"/> Balanced | <input type="checkbox"/> Value | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Capital Preservation | <input type="checkbox"/> MM Funds | <input type="checkbox"/> Domestic | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> Emerging Markets | <input type="checkbox"/> 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:

| | <u>Market Asset Value</u> | <u># Accounts</u> | <u># Clients</u> |
|-----------------------|---------------------------|-------------------|------------------|
| Discretionary: | _____ | _____ | _____ |
| Non-Discretionary: | _____ | _____ | _____ |
| Total: | _____ | _____ | _____ |
| 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 partnership hedge funds

(continued)

101 Federal Street, 22nd Floor, Boston, Massachusetts 02110-1827

Tel 617-439-9595 • Fax 617-439-3099 • email: andy@liftman.com • www.liftman.com

Advisors Professional Liability - ERISA and Fidelity Bonds - Directors & Officers Liability - State Surety Bonds

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)? Yes No
If yes, list the amount of assets the firm consults on _____.
 Are these assets included in question 6? Yes No
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? Yes No
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.

Please provide the following information with your questionnaire:

- a copy of the most recent complete ADV report Part II, including all schedules and supplements
- copies of all types of standardized management contracts
- annual and cumulative portfolio performance history for the most recent five (5) years, including comparisons to appropriate indices and whether performance figures are gross or net of fees (if available)
- a copy of any deficiency letter from the most recent SEC audit and management's response letter
- copies of the most recent annual financial statements

Please forward your information to:

Theodore Liftman Insurance, Inc.
 Attn: Andrew Fotopulos, Executive Vice President
 101 Federal Street, 22nd Floor
 Boston, Massachusetts 02110-1827
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THIS IS NOT AN APPLICATION FOR INSURANCE. THIS COMPLETED QUESTIONNAIRE PROVIDES BASIC INFORMATION FOR THE PURPOSE OF OBTAINING A NON-BINDING PREMIUM QUOTATION. ALL INFORMATION FURNISHED IS PROTECTED UNDER OUR CURRENT PRIVACY PROVISIONS.