

Application form for Professional and Public Liability Insurance for financial service providers according to the FIDLEG

(Insurer: Liberty Mutual Insurance Europe SE, Branch Zurich)

Policyholder:

Company/Name/First name: _____

Address: _____

ZIP Code/Place/Country: _____

Phone: _____

E-Mail: _____

Requested insurance coverage:

Annual premium*:

- | | | | | |
|--------------------------|--------|---|----------------------------|---------------------|
| <input type="checkbox"/> | 1 | Client advisor, Sum insured, CHF 500'000.- | (Deductible CHF 5'000.-): | CHF 940.- |
| <input type="checkbox"/> | 2 - 4 | Client advisors, Sum insured CHF 1'500'000.- | (Deductible CHF 5'000.-): | CHF 2'500.- |
| <input type="checkbox"/> | 5 - 8 | Client advisors, Sum insured CHF 3'000'000.- | (Deductible CHF 5'000.-): | CHF 5'600.- |
| <input type="checkbox"/> | 9 - 12 | Client advisors, Sum insured CHF 10'000'000.- | (Deductible CHF 20'000.-): | CHF 14'000.- |

*Annual premium including 5% Swiss IPT

Inception Date: _____

(Start of month, retroactive not possible)

Financial services of the applicant

Please indicate the % share of the applicant's income from the following financial services

	Current year	Prior year
Purchase or sale of financial instruments (Securities, debt securities, funds, bonds)	_____	_____
Transactions and trading in derivatives (options, futures, etc.)	_____	_____
Consulting on structured financial products/deposits	_____	_____
Acceptance and transmission of orders, where financial instruments are concerned	_____	_____
The issuing of personal recommendations that relate to transactions with financial instruments (investment advice)	_____	_____
The management of financial instruments (asset management)	_____	_____
Asset or fund management	_____	_____
Granting of credit (excluding consumer credit) for execution of transactions with financial market instruments	_____	_____
other services and activities not mentioned above:		
a. _____	_____	_____
b. _____	_____	_____
If so, please provide details:		

Are these consulting services on the basis of written agreements, contracts, service agreements or written contracts? Yes No

If no, please provide details:

Asset management / Trust advice

Asset/fund manager or trust manager or advisor: Please provide detailed information:

	Current year	Prior year
Total AUM (Assets under management)	_____	_____
Largest managed portfolio	_____	_____
Percentage breakdown of AUM (total 100%)		
AUM with discretionary mandate	_____	_____
AUM without discretionary mandate	_____	_____
AUM in collective investment schemes/ funds	_____	_____
Other, please specify:		
a. _____	_____	_____
b. _____	_____	_____

Are all transactions performed on the basis of written mandates and in accordance with the investments guidelines? Yes No

Is it verified that transactions and positions comply with the rules in the manuals on the investment guidelines or similar internal documents? Yes No

Do all clients receive a complete overview of their investments from the respective custodian bank at least once per year? Yes No

Do you provide services in relation with trust management? Yes No

If **yes**, please provide detailed information:

Does a double-checking system apply to all transfer system processes (domestic and foreign)" that requires the participation of two different employees? Yes No

Has the applicant appointed a data protection officer who is responsible for the implementation and management of data protection? Yes No

Do technological procedures and standards exist for the following areas:

Securing and access control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Data protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Backup for security and emergency plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do the systems force a change of passwords at least every 30 days? Yes No

Is at least one generation of files (data, programs and systems) stored in a secure restricted area located outside the data processing centre? Yes No

Do you offer internet services? Yes No

If **yes**, do you offer the following services?:

Only Product information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please provide detailed information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are firewalls and/or comparable software used in order to regulate access to internet infrastructure? Yes No

Do you use anti-virus software that is regularly updated? Yes No

Application questions:

1. Has any application for professional liability insurance for the applicant been refused or cancelled by another insurance company? Yes No

If yes, please specify the reasons:

2. Have claims occurred in the last 5 years in the area of professional liability insurance? Yes No

If yes, please provide the following information per claim:

Cause of damage	Claims date	Amount

3. Are any actions, omissions, facts, events or circumstances known to the applicant or their partners, their executive bodies or their employees following internal inquiry that could give rise to a claim covered under this insurance? Yes No

If **yes**, please provide details on a separate paper

4. Has a professional liability claim been made against the applicant within the last 5 years? Yes No

If **yes**, please provide details on a separate paper

Permission

The data necessary for the processing of the contract will be treated confidentially by the insurer Liberty Mutual Insurance Europe SE and the SKV. The applicant authorises Liberty Mutual Insurance Europe SE to send the claims and contract correspondence directly to the SKV.

The signee confirms that he/she has answered all questions and risk facts completely and truthfully and that he/she has received the relevant General Insurance Conditions and any additional insurance conditions.

He undertakes to notify all significant changes that occur before the insurance is taken out. If accepted, this application will become an integral part of the policy.

The signee confirms that he/she has answered all questions and statements of danger truthfully.

Place and Date:

Signature of policyholder:

Promotion-Code:

Additional information regarding the membership in the Schweizerischen Kaderverband SKV:

First name, family name: _____

Nationality: _____ Date of birth: _____

Private address:

streetname: _____

Postcode/place/country: _____

Phone number.: _____ Mobile phone: _____

E-Mail: _____

employed

self-employed

Position in the company: _____

Training/education: _____

For customers and members of the Academy for Financial Services the membership in the Schweizerischen Kaderverband SKV is free of charge.

The applicant confirms the accuracy of the information above.

We adhere to the valid and applicable data protection regulations. Your data will be used in accordance with our data protection guidelines (section 5 of our disclaimer, available at www.kaderverband.ch).

After admission, members are entitled to use all services and special offers of the Schweizerischer Kaderverand SKV at the applicable association tariffs.

Place and date:

Signature of the applicant:

This form has to be sent to the following address: **Schweizerischen Kaderverband SKV, Zentalsekretariat, Florastrasse 4, 9000 St. Gallen**, or by email to info@kaderverband.ch.

Further information at www.kaderverband.ch