



U.S. SPECIALTY INSURANCE COMPANY
 HOUSTON CASUALTY COMPANY
 13403 Northwest Freeway
 Houston, Texas 77040

PROPOSAL FOR PRIVATE EQUITY PROFESSIONAL INSURANCE

NOTICE: THIS IS A CLAIMS -MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE UNDER THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.

THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND THE INSURED PERSON(S) AND THE INSURED ORGANIZATION(S).

1. GENERAL INFORMATION

a) Name of Parent Organization or Insured Organization (s) _____

b) Address _____

City _____ State _____ Zip Code _____

c) Type of Private Equity:

- | | |
|---------------------------|---------------------|
| _____ Private Equity | _____ LBO Fund(s) |
| _____ Venture Capital | _____ Fund of Funds |
| _____ Mezzanine Financing | _____ Hedge Fund |

_____ Other (please explain)

d) State of Formation _____

e) Listing of organizations proposed for coverage:

| Insured Organization | Organization's Purpose (Fund, General Partner, Investment Manager, other) | Formation Date | Contributed Capital | Number of limited partners | 1940 Act SEC Registered? (Yes or No) |
|----------------------|---|----------------|---------------------|----------------------------|--------------------------------------|
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2. **REQUESTED COVERAGE**

- a) Limit of Liability _____
- b) Retention Amount _____

3. **SUBSIDIARY INFORMATION**

- a) List all Subsidiary Organizations:

| Name | Nature of Operation | Date Acquired/Created | % owned | State/Country of Formation |
|------|---------------------|-----------------------|---------|----------------------------|
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- b) Coverage to include all subsidiaries? _____ Yes _____ No

(If Yes, include a complete listing of all Insured Person(s))

NOTE: Portfolio Companies are excluded from the Definition of Subsidiary.

4. **QUESTIONS**

- a) Does any Insured Organization perform professional services for organizations other than Insured Organizations or Portfolio Companies? _____ If yes, attach details.
- b) Is any Insured Organization considering the formation of a new private equity fund in the next twelve (12) months? _____ If yes, attach details.
- c) Does any Insured Organization provide relief to their investors in the form of a clawback provision relative to fund performance? _____ Yes _____ No
 If yes, does this provision remain constant for all private equity funds? _____ Yes _____ No

5. **PORTFOLIO COMPANY INFORMATION**

- a) Are portfolio companies required to carry Directors & Officers Liability Insurance? _____ Yes _____ No
- b) Has any Insured Organization made distributions to their limited partners in the form of a portfolio company's securities? _____ Yes _____ No
 If yes, are recommendations made regarding further trading in such distributed securities? _____ Yes _____ No

6. **PREVIOUS INSURANCE (Private Equity Insurance)**

- a) Insurer _____
- b) Limit of Liability _____

- c) Retention Amount _____
- d) Provide details of any prior claims under such previous insurance (if none, so state) _____

7. CONTINUITY

(PLEASE COMPLETE ONLY IF THERE IS CURRENT PRIVATE EQUITY INSURANCE IN EFFECT AND DO NOT WISH TO PROVIDE A CURRENT REPRESENTATION STATEMENT AS REQUESTED IN QUESTION 8, BELOW)

Continuity Date Requested _____

Please provide copies of all policies and applications or proposal forms submitted therefor, dating back to the Continuity Date indicated above. If the Insurer elects to establish a Continuity Date, it shall only do so:

- a) in reliance upon declarations, statements, representations made in or in connection with such prior applications or proposal forms (such declarations, statements, representations shall form a part of this proposal); and
- b) upon the issuance of an endorsement to the policy to be issued, which indicates the Continuity Date granted and any terms, conditions and provisions relevant thereto.

IT IS UNDERSTOOD AND AGREED THAT QUESTION 8 MUST BE ANSWERED IN THE EVENT THAT A CONTINUITY DATE IS NOT GRANTED OR IS NOT REQUESTED.

RENEWAL APPLICANTS: QUESTIONS 8. AND 9. NEED NOT BE ANSWERED.

8. PREVIOUS EXPERIENCE

- a) Has the Insured Organization(s), or anyone for whom insurance is intended, been involved in the following?
 - (1) any antitrust, copyright or patent litigation? _____ Yes _____ No
 - (2) any civil or criminal action or administrative proceeding alleging a violation of any federal or state securities law or regulation? _____ Yes _____ No
 - (3) any representative actions, class actions or derivative suits? _____ Yes _____ No

(If yes to any of the above, provide details)
- b) Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? _____ Yes _____ No
- c) Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may not give rise to a claim being made against the Insured Organization(s) and/or Insured Person(s)? _____ Yes _____ No

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY NOTICE SUCH AS DESCRIBED IN QUESTION 8. c) HAS BEEN GIVEN, THEN SUCH CLAIMS AND ANY CLAIMS ARISING FROM FACTS OR CIRCUMSTANCES WITH REFERENCE TO QUESTION 8. c) ARE EXCLUDED FROM THIS PROPOSED INSURANCE.

9. PRIOR KNOWLEDGE

Does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim within the scope of this proposed insurance?

_____ Yes _____ No (If Yes, provide complete details)

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

10. REQUESTED MATERIALS

- a) copy of each offering memorandum and formative agreement for each Private Equity Fund.
- b) most recent year-end and interim financial statements.
- c) reports to limited partners (if available).
- d) portfolio company listing and respective percentage ownership and board representation
- e) a completed Employment Practices Liability Addendum (if applicable).
- f) a completed Fiduciary Liability Addendum (if applicable).

Completion of this proposal does not bind the undersigned to purchase or the Insurer to issue a policy, but it is agreed that this proposal form together with all attachments to this proposal form, and any other materials submitted to the Insurer shall be the basis of the contract should a policy be issued, and this proposal form, including any attachments and any material submitted herewith, will be deemed attached to and form part of this policy.

Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an insurance company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

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 DISTRICT OF COLUMBIA APPLICANTS: “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

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 materially false, incomplete or misleading information is guilty of a third degree felony.”

NOTICE TO HAWAII APPLICANTS: “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.”

NOTICE TO 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 LOUISIANA 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 OF MAINE APPLICANTS: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.”

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.”

NOTICE TO NEW MEXICO 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 civil and criminal penalties."

NOTICE TO 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 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 \$5,000 and the stated value of the claim for each such violations."

NOTICE TO OHIO APPLICANTS: "Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

NOTICE TO PENNSYLVANIA APPLICANTS: "Any person 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."

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurer. Penalties include imprisonment, fines and denial of insurance benefits."

The undersigned authorized Insured Person(s) of an Insured Organization(s) represents that the statements set forth herein are true. The undersigned authorized Insured Person(s) agrees that if the information supplied on this proposal form changes between the date of this proposal form and the inception date of the policy, he/she (undersigned) will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or agreements to bind the insurance.

The Insured Organization(s) and the Insured Person(s) agree that the statements made in this proposal form are the representations of the Insured Organization(s) and the Insured Person(s) and that they shall be deemed material to the acceptance of the risk or the hazard assumed by the Insurer under this policy and that this policy is issued in reference upon the truth of such representations.

The proposal form must be signed by the Chief Executive Officer, President or highest-ranking executive officer of the Insured Organization(s).

Chief Executive Officer (or highest-ranking executive officer)

Date

Print Name

Producer Name

Producer Address

THIS PROPOSAL MUST BE SUBMITTED TO:

**PROFESSIONAL INDEMNITY AGENCY, INC.
PROFESSIONAL INDEMNITY AGENCY, INC. OF N.Y.**

37 Radio Circle Drive, P.O. Box 5000
Mount Kisco, New York 10549-5000
Phone: (914) 241-8900
Fax: (914) 241-8045

345 Route 17 South
Upper Saddle River, New Jersey 07458
Phone: (201) 934-4240
Fax: (201) 768-1145