



in partnership with Capital Shield



Capital Shield
Embezzlement Insurance for Your Investments

Insurance Application

Insured Details

Name: _____

Address: _____

Email: _____ Phone: _____

Key Person(s)

List all that have access to your money & securities. *(Please attach additional names to application if needed.)*

**Financial advisors, asset managers, fund managers, securities industry professionals, trust company*

**Key Persons must be named on policy for coverage to apply. Check with your advisor to obtain the appropriate names & designations.*

	Name	CRD#	Firm Name & Address
1			
2			
3			

**You can obtain CRD #s for these KEY PERSONS via links below:*

<https://brokercheck.finra.org/>

<https://www.adviserinfo.sec.gov/IAPD/Default.aspx>

Do you assets invested via a Bank Charter Trust? Yes No

If "Yes," please list the details of the individuals involved at the Trust company on the next page.

Coverage

Aggregate Limit

\$1M - \$10M

Annual Premium

\$1,500 per million

Per Occurrence Deductible

\$50,000

Requested Amount: _____

Coverage is not bound at the point of submitting this application. Binding will be confirmed by your agent and/or broker. This application for coverage is subject to underwriting and potential approval or denial by the insurance company. Capital Shield is offered as a non-admitted, surplus lines product.

Capital Shield is underwritten on behalf of Berkley member insurance companies, which are rated A+ (Superior), Financial Size Category XV by A.M. Best Company and A+ (Strong) by Standard & Poor's.

Acknowledgment

I acknowledge that my Private Client Insurance Advisor has offered me the opportunity to apply for Capital Shield to protect myself and transfer risk associated with the embezzlement of my funds from financial advisors, asset managers, fund managers and/or other securities industry professionals.

I choose to:

Decline Coverage

Apply for Coverage

Signature: _____ Date: _____

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.



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Insurance Application -CONT.

Key Person(s) Trust Companies

- If you have assets invested via a Bank Charter Trust, please list the details of the individuals involved at the Trust company below.
- Must be named on policy for coverage to apply.

	Name	Financial Designation (Check all that apply)	Trust Company Name & Address
1		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
2		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
3		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
4		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
5		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
6		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
7		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
8		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
9		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	
10		CFA <input type="checkbox"/> CFP <input type="checkbox"/> CIMA <input type="checkbox"/> CPWA <input type="checkbox"/> CIC <input type="checkbox"/>	

Invested Asset Value (excluding real estate)

[Check One Box]

\$1M - \$4.9M

\$5M - \$9.9M

Over \$10M

Acknowledgment

Signature: _____ Date: _____