



NAMED INSURED DETAILS

NAME: _____

TRUST NAME (if applicable): _____

ADDRESS: _____

EMAIL: _____ PHONE #: _____

KEY PERSON(S) – List all that have access to your money & securities

- Financial Advisors, Asset Managers, Fund Managers, Securities Industry Professionals
- Must be named on policy for coverage to apply. Check with your advisor to obtain the appropriate names, or see links below

	NAME	CRD #*	FIRM NAME & ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

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

YOUR INVESTED ASSET VALUE [excluding real estate]

[Check one box] \$1mm – \$4.9mm \$5mm – \$9.9mm Over \$10mm

COVERAGE OPTIONS (please choose one)

	AGGREGATE LIMIT	PER OCCURRENCE DEDUCTIBLE	ANNUAL PREMIUM	
<input type="checkbox"/>	OPTION #1	\$ 1,000,000	\$ 50,000	\$ 1,500
<input type="checkbox"/>	OPTION #2	\$ 2,000,000	\$ 50,000	\$ 3,000
<input type="checkbox"/>	OPTION #3	\$ 3,000,000	\$ 50,000	\$ 4,500
<input type="checkbox"/>	OPTION #4	\$ 4,000,000	\$ 50,000	\$ 6,000
<input type="checkbox"/>	OPTION #5	\$ 5,000,000	\$ 50,000	\$ 7,500
<input type="checkbox"/>	OPTION #6	\$ 6,000,000	\$ 50,000	\$ 9,000
<input type="checkbox"/>	OPTION #7	\$ 7,000,000	\$ 50,000	\$ 10,500
<input type="checkbox"/>	OPTION #8	\$ 8,000,000	\$ 50,000	\$ 12,000
<input type="checkbox"/>	OPTION #9	\$ 9,000,000	\$ 50,000	\$ 13,500
<input type="checkbox"/>	OPTION #10	\$ 10,000,000	\$ 50,000	\$ 15,000

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 insurance 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 OF COVERAGE BEING OFFERED

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 and 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.

ALASKA	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS	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.
CALIFORNIA	For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO	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.
DISTRICT OF COLUMBIA	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.
HAWAII	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
IDAHO	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
INDIANA	Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
LOUISIANA	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.
MAINE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.
MINNESOTA	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW MEXICO	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 fines and criminal penalties.
NEW YORK	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.
OHIO	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.
OKLAHOMA	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.
OREGON	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
PENNSYLVANIA	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.
TENNESSEE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
VIRGINIA	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.