

Investment Company Bond Application

First Named Insured: _____
(Please attach list of any additional insureds to be included for coverage)

Address: _____

Effective Date: _____ Expiration Date: _____

1.

NAME(S) OF INVESTMENT COMPANIES TO BE INCLUDED AS INSUREDS	# OF OFFICERS

2.

ADDITIONAL INSUREDS TO BE INCLUDED AS JOINT INSURED ONLY IF AFFILIATED AND THEIR PRINCIPAL BUSINESS IS RELATED TO THE INSURED INVESTMENT COMPANY ABOVE	FUNCTION (DISTRIBUTOR, BROKER-DEALER, ETC.)	# OF EMPLOYEES	# OF OFFICERS

3. Give the total assets for all Investment Companies managed: \$ _____

4. Enter all claims or occurrences that may give rise to claims for the past six years.

Check here if none:

DATE OF OCCURRENCE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT OF LOSS	AMOUNT PAID	CLAIM STATUS (OPEN OR CLOSED)

Comments/Corrective Action taken: _____

5. PROPOSED BOND PROGRAM

COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE
Fidelity	\$	\$
Audit Expense (maximum \$100,000 for Limit of Liability)	\$	\$
Premises	\$	\$
Transit	\$	\$
Forgery/Alteration	\$	\$
Securities Forgery	\$	\$
Counterfeit Currency	\$	\$
Stop Payment (maximum \$100,000 for Limit of Liability)	\$	\$
Uncollectible Items (maximum \$100,000 for Limit of Liability)	\$	\$
Computer Crime	\$	\$
Unauthorized Signatures	\$	\$
Telefacsimile Transmissions	\$	\$
Automated Phone Systems	\$	\$

FUND OPERATION:

1. a. How many mutual funds are created (on average) per year? _____
- b. How many funds are currently in registration? _____

2.

NAMES OF OUTSIDE ELECTRONIC PROCESSORS	FUNCTION

3. Names of Custodian(s): _____

4.

NAME(S) OF TRANSFER AGENT(S)	FOR WHICH FUND?

5. a. Name of Investment Advisor. _____
- b. # of Employees. _____
- c. Please describe any other functions of the company. _____

6. Are all shareholder accounting services performed by the Transfer Agent? Yes No
 If "NO", please attach an explanation of who performs other shareholder accounting Services and what those services are.

7. Do you transfer funds electronically? Yes No
 If "Yes", what is the average amount of funds transferred on a daily basis? _____

EXTERNAL AUDIT:

1. State the name of the outside audit firm of certified accountants who perform audits other than governmental examinations, directors examinations and similar scope audits. _____

2. a. What is the frequency of these audits? _____
b. Does the outside audit include all locations? Yes No
c. Does the outside audit include all data processing centers? Yes No
If "No", to either b or c above, please explain limitations.
d. Does the auditor regularly review your internal controls and furnish a written report to management? Yes No
e. Has the auditor made any recommendations in the area of data processing that have not been adopted? Yes No

3. Are signatures reviewed against applications for checks or drafts over \$2,500? Yes No
If "NO", please provide an explanation. _____

4. Is there at least a 48 hour grace period on deposits received prior to crediting a customer or shareholders account? Yes No
If "NO", please explain. _____

5. List the name of the Computer Systems owned and operated by the Named Insured. _____

6. Are passwords to Computer Systems changed on a monthly or quarterly basis? Yes No

7. Is access to the Insured's Computer Systems restricted to authorized personnel? Yes No

8. Does the Insured utilize "Anti-Virus" software? Yes No
If "NO", please explain. _____

9. Whom has access to Automated Phone System Equipment which permits the Insured to process a transaction on behalf of a customer or shareholder? _____

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.

Applicant's Signature: _____

Date: _____

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.