

FIDUCIARY LIABILITY INSURANCE APPLICATION

THIS POLICY IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This Application, including all materials submitted herewith, shall be held in confidence.

1. GENERAL INFORMATION

- (a) Applicant Name:
(Whenever used in this Application, the term "Applicant" shall mean the **Parent Company**, unless otherwise indicated)
- (b) Address:
- (c) State of Incorporation: (d) Date Established: (e) Number of Employees
- (d) Standard Industry Classification (SIC) Code:
- (e) Stock Symbol and Exchange (if applicable)
- (f) Nature of Business:
- (g) Applicant's website address (if applicable):
- (h) Name of Applicant's designated representative to receive all notices from the Insurer on behalf of all person(s) and entity(ies) proposed for this insurance:

The purchase of this Policy includes, at no additional cost, access to an online risk management resource. To expedite Applicant's access to this source, please provide the following:

Benefits Manager or Plan Administrator: _____

Phone: _____ Email: _____

2. COVERAGE REQUESTED

Limit Requested: \$

3. POLICY PERIOD REQUESTED

From _____ to _____ both days at 12:01 a.m. at the principal address of the Applicant.

4. INSURED PLANS

List all **Plans** for which coverage is requested:

Plan Name	Total Assets	Number of Participants	Type of Plan*	Check if the Plan is not a Qualified Plan <input type="checkbox"/> Not Qualified	Check only if the Plan has Investments in Employer Securities <input type="checkbox"/>	Check only if this is not a single employer Plan <input type="checkbox"/> Multiple
				<input type="checkbox"/> Not Qualified	<input type="checkbox"/>	<input type="checkbox"/> Multiple
				<input type="checkbox"/> Not Qualified	<input type="checkbox"/>	<input type="checkbox"/> Multiple
				<input type="checkbox"/> Not Qualified	<input type="checkbox"/>	<input type="checkbox"/> Multiple
				<input type="checkbox"/> Not Qualified	<input type="checkbox"/>	<input type="checkbox"/> Multiple
				<input type="checkbox"/> Not Qualified	<input type="checkbox"/>	<input type="checkbox"/> Multiple

(List any additional **Plans** on an attachment. Attachment Yes No
 *W = Welfare Benefit, DC = Defined Contribution, DB = Defined Benefit, ESOP= Employee Stock ownership Plan, O = Other

5. PLAN MANAGEMENT

a. Are **Plan** assets managed by an independent investment manager? Yes No
 If No, attach details of investment procedures

b. How often is the investment manager's performance reviewed?
 Month Quarterly Semi-annually Other(If Other, attach details)

c. How often are the investment manager's guidelines for investment fixed by the **Fiduciaries**?
 Semi-annually Annually Bi-annually Other (If Other, attach details)

d. Does any **Plan** employ the investment, trustee, actuarial, legal, administrative or benefits consulting services of any outside provider(s)? Yes No

If Yes, attach the name(s) of the organization(s), the service(s) they provide and the **Plan(s)** for which services are provided.

6. PLAN STRUCTURE

a. Has any **Plan** experienced an event reportable to the PBGC or been the subject of in investigation by the DOL, the IRS or any similar foreign agency in the last three years? Yes No

If Yes, please attach details.

- b. Has any **Plan** requested or considered filing a request for termination? Yes No
 If Yes, attach complete details for each such **Plan**
 Has the Applicant received approval from the Department of Labor for such termination? Yes No N/A
 If No, attach complete details
- c. Do all **Plans** conform to the provisions of ERISA including those regarding eligibility, investments and vesting? Yes No
- d. Are all **Plans** reviewed periodically to ensure there are no violations of ERISA's rules on party-in-interest or prohibited transactions? Yes No
- e. In the past two years, has there been any amendment(s) to any **Plan** that has resulted in or may result in any change or reduction of **Benefits**? Yes No
 If Yes, attach details of the amendment(s)
- f. Has any **Plan** or portion of any **Plan** been sold, transferred or terminated? Yes No
 If Yes, attach the date of sale or termination, whether assets have been fully distributed or reverted to a party other than the **Plan** participants and name of annuity provider if **Benefits** have been secured by annuities.
- g. In the last 12 months, has there been, or is there now under consideration, any merger, acquisition, restructuring or consolidation of or by the Applicant or any of its **Subsidiaries** that has resulted in or may result in **Plan** participants transferring to another **Plan**, company or **Subsidiary** or any merger or termination of a **Plan**? Yes No
 If Yes, attach complete details

7. **PLAN FUNDING (DEFINED BENEFIT PLANS ONLY):**

- a. Has an actuary certified that all **Plans** adequately funded in accordance with **ERISA** or any applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world,? Yes No
 If No, attach complete details including plans for bringing funding to adequate levels.
- b. Has any **Plan** received an adverse opinion as to its financial condition by an independent public accountant? Yes No
 If yes, please attach audit.
- c. Are there any overdue employer contributions for any **Plan** or has a waiver of contributions been requested? Yes No
 If Yes, attach complete details including the **Plan** name and the amount of any overdue employer contributions for each such **Plan**.
- d. Has the Applicant converted any Defined Benefit **Plan** to a cash balance **Plan** within the previous five (5) years or have plans to do so within the next twelve (12) months? Yes No
 If Yes, attach complete details including the date of conversion.

8. **PAST ACTIVITIES**

- a. Has there ever been or is there now pending any **Claim(s)** against any proposed **Insured** arising out of any **Plan**?

Yes No

If Yes, attach complete details.

- b. Has any **Plan** ever participated in a voluntary compliance program administered by the IRS or the DOL and has there been any assessment of IRS Closing Agreement Program (CAP) penalties against any **Plan**?

Yes No

If Yes, attach complete details.

It is agreed that with respect to questions 8 (a) and (b), if such facts or circumstances exist, any **Claim** arising therefrom is excluded from the proposed insurance for all **Insureds**.

9. PRIOR EXPERIENCE

- a. No person(s) or entity(ies) proposed for this insurance is cognizant of any fact, circumstance, situation, act, error, omission, or situation which he/she has reason to suppose might afford grounds for any **Claim** such as would fall within the scope of the proposed insurance. If there are any exceptions, attach complete details. If none, check here.
- b. No person(s) or entity(ies) proposed for this insurance is cognizant of any violation(s) of **ERISA** or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world to which a **Plan** is subject. If there are any exceptions, please attach complete details. If none, check here.
- c. No person(s) or entity(ies) proposed for this insurance is cognizant of any inquiry, investigation or communication which he/she/it has reason to suppose might give rise to a **Claim** such as would fall within the scope of the proposed insurance. If there are any exceptions, please attach complete details. If none, check here.

It is agreed that with respect to questions 9(a), (b) or (c) above, if such knowledge exists by any person signing this application, then any Claim arising therefrom is excluded from the proposed insurance for all Insureds.

10. PRIOR INSURANCE.

- a. Does the **Policyholder** currently have fiduciary liability insurance?

Yes No

If Yes, please provide the following:

<u>Insurer</u>	<u>Limits</u>	<u>Deductible/Retention</u>	<u>Policy Period</u>
	\$	\$	

- b. Have any of the **Policyholder's** current fiduciary liability insurers indicated an intent not to offer renewal terms?

Yes No

If Yes, attach details.

c. Is there **ERISA** fidelity bond coverage currently in force with respect to any **Plan**?

Yes No

If Yes, provide details below:

Insurer:

Expiration Date:

Limit of Liability:

Premium:

d. Has the **Policyholder** or any **Insured Individual** given written notice under the provisions of any prior or current fiduciary liability insurance policy of specific facts or circumstances which might give rise to a **Claim** being made against any **Insured**? Yes No

If Yes, attach details.

e. Have any **Loss** payments been made on behalf of the proposed **Policyholder** or any **Insured Individual** under any fiduciary liability insurance policy or similar insurance?

Yes No

If Yes, attach details

It is agreed that with respect to questions 10 (d) and (e), if such facts or circumstances exist, any **Claim** arising therefrom is excluded from the proposed insurance for all **Insureds**.

11. ADDITIONAL UNDERWRITING INFORMATION REQUIRED FOR LIMITS REQUESTS OF OVER \$2,000,000

As part of this Application, submit the following documents:

- a. Latest interim financial statements for Applicant
- b. Latest CPA audited financials for each of the five largest pension **Plans** (in terms of total assets), with investment portfolios. If **Plan** assets are held in a master trust, submit the master trust investment portfolio. If audited financials are not available, submit the most recent 5500s for the **Plan**.
- c. Latest CPA audited financials for any **Plan** designed to invest primarily in employer securities or which invests more than 10% of **Plan** assets in employer securities.
- d. Written **Plan** description and latest financial statements, if applicable, for any non-qualified **Plans**.

WARNING

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS 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 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 FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

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 AND 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 FINES AND CRIMINAL PENALTIES."

NOTICE TO MAINE APPLICANTS: "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."

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 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 CLAIMS 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.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIMS CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURY, 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 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.”

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 COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

Signature of Applicant

Title

Date