

\_\_\_\_\_  
 Name of Insurance Company to which Application is made  
 (herein called the Insurer)

**Employee Benefit Plan Fiduciary Liability Insurance Application**

**NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

**1. Applicant:**

- (a) Sponsor Organization: \_\_\_\_\_
- (b) Address: \_\_\_\_\_
- (c) Nature of business (include primary SIC code): \_\_\_\_\_
- (d) State (or jurisdiction) of incorporation: \_\_\_\_\_
- (e) Total assets of the Sponsor Organization: \$ \_\_\_\_\_
- (f) Total assets of all plans: \$ \_\_\_\_\_
- (g) Amount of insurance requested \$ \_\_\_\_\_
- (h) Self-insured retention requested (each loss) \$ \_\_\_\_\_

**2. List of all plans for which coverage is requested:**

Full name of Plan to be covered	Total assets (Market Value)	# of participants	Type of Plan (W = welfare benefit) (DC = defined contribution) (DB = defined benefit) (O = other)	Does the plan invest in or provide options to invest in employer securities? (Y/N)	Are all assets managed by a (non-employee) investment manager as defined in ERISA (Y/N)*

(List any additional plans on an attachment. If there is an attachment, check here  . )

\* If "Yes," please answer questions 3 and 4 below. If "No," or if only some assets are invested by an investment manager (as defined by ERISA) please provide details on an attachment.

**Please answer questions 3-15 only with respect to plans for which coverage is requested.**

3. How often is the investment manager's performance reviewed?  Monthly  Quarterly  
 Semi-annually  Other (If "other", please explain)
4. How often are the investment manager's guidelines for investment fixed by the fiduciaries?  
 Semi-annually  Annually  Bi-Annually  Other (If "other" please explain)
5. Is any plan(s) a multiemployer or multiple employer plan?  Yes  No  
(If "Yes," list such plans on an attachment).
6. Does any plan(s) employ the investment, trustee, actuarial, legal, administrative or benefits consulting services of any outside provider(s)?  Yes  No. (If "Yes," indicate on an attachment the name(s) of the organization(s) and the plan(s) for which services are provided.)
7. Does any plan(s) hold any contract with a guaranteed return (including Guaranteed Investment Contracts (GICs), Guaranteed Annuity Contracts (GACs)) or Bank Investment Contracts (BICs)  Yes  No. (If "Yes," please attach complete details for each such plan, including plan name, name of contract provider, the market value of each contract and the date(s) the contract expires.)
8. Has any plan requested or contemplated filing a request for termination?  Yes  No.  
(If "Yes," attach complete details for each such plan).
9. In the past two years, has there been any amendment(s) to any plan(s), or has any amendment been contemplated, that has resulted in or is expected to result in any reduction in benefits, including but not limited to an increase in participants' share of costs?  Yes  No.
10. Has any plan been spun off (sold), transferred, or terminated?  Yes  No. (If "Yes," attach the following information for such plan(s): 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.)

**Question 11 applies only to defined benefit plans. If there are no defined benefit plans, please skip to question 12.**

11. (a) Are all defined benefit 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, as attested to by an actuary?  Yes  No. (If "No," attach complete details.)
- (b) Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions?  Yes  No. (If "Yes," attach complete details, including the plan name and the amount of any overdue employer contributions for each such plan.)
- (c) For each defined benefit plan, in how many years will full funding be achieved? \_\_\_\_\_  
(If additional space is needed, add as an attachment).
12. Has there 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.)
13. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed policy?  Yes  No. (If "Yes," attach complete details.)
14. Is there any known 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?  Yes  No. (If "Yes," attach complete details.)

15. Has there been or is there now pending any inquiry, investigation or communication which could give rise to a claim under this policy?  Yes  No (If "Yes," attach complete details.)

It is agreed that with respect to questions 12 - 15 above that if such claim, knowledge, information, violation, inquiry, investigation, or communication exists, any claim or action arising therefrom is excluded from this proposed coverage.

**Prior Insurance**

16. If there is fiduciary liability insurance currently in force with another insurer, please indicate below. If no coverage is carried, check here .

- (a) Insurer \_\_\_\_\_
- (b) Limit of liability \_\_\_\_\_
- (c) Self-insured retention \_\_\_\_\_
- (d) Policy expiration date \_\_\_\_\_
- (e) Premium (indicate whether for one year or other period) \_\_\_\_\_
- (f) Loss experience: (Attach complete details.) If no losses, check here .

17. Has similar insurance ever been refused, canceled or non-renewed?<sup>3</sup> Yes  No . (If "Yes," attach complete details including date and reason.)

18. If there is ERISA fidelity bond coverage currently in force with another insurer, please indicate below. If no coverage is carried, check here .

- (a) Insurer \_\_\_\_\_
- (b) Limit of Liability \_\_\_\_\_
- (c) Premium \_\_\_\_\_

19. Has any fidelity bond for any plan ever been refused, canceled or non-renewed<sup>4</sup>? Yes  No . (If "Yes," attach complete details.)

20. Name of Risk Manager (or equivalent position) \_\_\_\_\_

21. Name of General Counsel \_\_\_\_\_

22. Name and location (city) of outside law firm for benefits and ERISA litigation matters \_\_\_\_\_

**Please submit the following:**

- For the five largest pension plans (in terms of total assets), copies of the latest CPA-audited financial statements, with investment portfolios. (If plan assets are held in a master trust, submit master trust investment portfolio.);
- For each plan (or plan feature) that is designed to invest primarily in securities of the Sponsor Organization, the latest CPA-audited financial statement (with investment portfolio) and a completed ESOP Questionnaire;
- Written plan description(s) and latest financial statement(s), if applicable, for any non-qualified plan(s).
- Latest annual report for the Sponsor Organization.
- Latest interim financial statements for the Sponsor Organization.

<sup>3</sup> Missouri Applicants need not reply

<sup>4</sup> Missouri Applicants need not reply

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED. WITH RESPECT TO SUCH DECLARATIONS AND STATEMENTS, NO STATEMENTS MADE OR KNOWLEDGE POSSESSED BY ANY INSURED (OTHER THAN KNOWLEDGE OR INFORMATION POSSESSED BY THE PERSON(S) ACTUALLY EXECUTING THE APPLICATION) SHALL BE IMPUTED TO ANY OTHER INSURED TO DETERMINE WHETHER COVERAGE IS AVAILABLE FOR ANY CLAIM MADE AGAINST SUCH OTHER INSURED.

THE UNDERSIGNED AUTHORIZED FIDUCIARY OF THE APPLICANT HEREBY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED 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 (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER 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 BE ATTACHED TO AND 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. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THE STATEMENT BELOW IS INCORPORATED INTO AND BECOMES A PART OF SUCH POLICY.

The undersigned authorized fiduciary hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized fiduciary hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Attest \_\_\_\_\_

Title \_\_\_\_\_ Broker \_\_\_\_\_

(Must be signed by a current fiduciary)

Address \_\_\_\_\_

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES

**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 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 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 MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 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.

**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 CLAIM CONTAINING A 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 (365:15-1-10, 36 §3613.1).

**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, VIRGINIA AND WASHINGTON 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.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

(Must be signed by a current fiduciary)