



APPLICATION FOR EMPLOYEE BENEFIT PLAN FIDUCIARY INSURANCE

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR CLAIMS FIRST MADE WHILE THE POLICY IS IN FORCE AND REPORTED TO THE INSURER PURSUANT TO THE TERMS OF THE POLICY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS (INCLUDING JUDGMENTS OR SETTLEMENTS) SHALL BE REDUCED BY AMOUNTS INCURRED FOR COSTS OF DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

1. GENERAL INFORMATION:

- a) Name of Sponsor Organization _____
- b) Address _____
- c) Nature of Business _____
- d) Date of Incorporation _____
- e) State of Incorporation _____
- f) Total assets of Sponsor Organization \$ _____
- g) Total assets of all plans \$ _____
- h) Amount of insurance requested \$ _____
- i) Self-insured retention requested \$ _____

2. LIST OF ALL PLANS FOR WHICH COVERAGE IS REQUESTED (Listing a plan does not automatically mean it will be a covered plan.):

Full Name of Plan to be Covered	Total Plan Assets (Market Value)	Number of Participants	Are all Plans Qualified? Yes ___ No ___	Type of Plan	Are all Plan assets managed by a non-employee manager as defined in ERISA? Yes ___ No ___

(If space provided is insufficient, list additional plans on an attachment and indicate an attachment here: _____).

Please answer questions 3-16 only with respect to plans for which coverage is requested.

3. **List each plan containing securities of the Sponsor Organization and the percentage of assets so invested:**

_____ %
_____ %
_____ %

4. **How often is the investment manager's performance reviewed?**

Monthly _____ Quarterly _____ Semi-annually _____ Other _____. (If "other", please explain).

5. **How often are the investment manager's guidelines for investment fixed by fiduciaries?**

Annually _____ Semi-annually _____ Quarterly _____ Other _____ (If "other", please explain.)

6. **How often are the plan investment choices offered to plan participants reviewed for reasonableness?**

Monthly _____ Quarterly _____ Semi-annually _____ Other _____.

7. **How often are plan fees and charges by service providers reviewed for reasonableness?**

Monthly _____ Quarterly _____ Semi-annually _____ Other _____.

8. **Does the Sponsor Organization use an outside service provider to administer all of its plans?**

Yes ___ No ___.

9. **Is any plan a multi-employer or multiple employer plan?**

Yes _____ No _____.

(If "yes," list such plans on an attachment.)

10. **Does any plan(s) or Sponsor Organization employ investment, trustee, actuarial, legal, administrative or benefits consulting services of an outside provider(s)?**

Yes _____ No _____ (If "yes," indicate on an attachment the names(s) of the organization(s), the service(s) they provide and the plan(s) for which services are provided.)

11. **Does any plan hold any contract with a guaranteed return (including Guaranteed Investment Contracts (GICs), Guaranteed Annuity Contracts (GAC's) 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 each contract expires.)

12. **Has the Sponsor Organization or any plan contemplated or requested termination of a plan?**

Yes _____ No _____. (If "yes," attach complete details for each such plan.)

13. **In the past two years, has there been any amendment to any plan, or has any amendment been contemplated, that has resulted in or may result in any change or reduction of benefits, including, but not limited to, an increase in participants' share of costs or conversion to a cash balance plan?**

Yes _____ No _____. (If "yes," attach a description of the amendment(s)).

14. **Has any plan or portion of 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 the name of the annuity provider if benefits have been secured by annuities.)

15. **In the last 12 months has there been, or is there now under consideration, any merger, acquisition, restructuring or consolidation of or by the Sponsor Organization or any of its subsidiaries that has resulted in or may result in plan participants transferring to another plan, company or subsidiary?**

Yes ____ No _____. (If "yes" attach complete details including copies of materials distributed to employees relating to such transfer, date or expected date of the transfer, and the most recent financial statements of any such created or acquired subsidiaries.)

Question 16 applies only to defined benefit plans. If there are no defined benefit plans, please skip Question 16.

- 16. 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 other state or other jurisdiction anywhere in the world as attested to by a certified actuary?** Yes ____ No _____. (If "no", attach complete details.)
- b. **Are there any overdue contributions for any plan, or has any plan requested or contemplated filing a request for 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.)

PREVIOUS INSURANCE:

- 17. a) **Has the Sponsor Organization or any subsidiary previously held or does it now have any fiduciary liability insurance or similar insurance?** Yes ____ No ____

If "yes", provide the following details:

INSURER	LIMIT	RETENTION	PERIOD FROM /TO	PREMIUM

- b) **Provide details of any prior claim under such insurance (If none, so state.)** _____

- c) **Has any insurer cancelled or refused to renew any fiduciary liability insurance or similar insurance within the past 3 years?** Yes ____ No ____
(If "yes", provide complete details.)

- 18. **If there is an 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?** Yes _____ No _____
(If "yes", attach complete details.)

20. **Name of Risk Manager (or equivalent position):** _____

21. **Name of General Counsel:** _____

22. **Name and location of outside law firm for benefits and ERISA litigation matters:** _____

* (If this is a renewal, then disregard questions 23 a. through d. below.)

SIGNIFICANT ACTIVITIES:

23. **In answering the following questions, the Sponsor Organization represents and warrants (for itself and on behalf of anyone for whom this insurance is being purchased) that the responses are true and accurate in all respects.**

Does the Sponsor Organization know:

- a. **if there is a present or recent threat, claim or demand made against any proposed insured arising out of any employee benefit plan?** Yes _____ No _____.
- b. **of any circumstance, information, fact, breach of duty, act, error or omission which might give rise to a claim under this proposed policy?** Yes _____ No _____
- c. **of 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 _____; and
- d. **if there has been or is now pending any inquiry, audit, review, investigation or communication which could give rise to a claim under this proposed policy?** Yes _____ No _____.

(If "yes" to any of the above, provide details as an attachment.)

IT IS UNDERSTOOD AND AGREED AS TO QUESTIONS 23 a. THROUGH 23 d. THAT IF ANY SUCH THREAT, CLAIM OR DEMAND EXISTS, OR ANY SUCH FACTS OR CIRCUMSTANCE EXISTS WHICH COULD GIVE RISE TO A CLAIM, THEN THE FOREGOING AND ANY CLAIM(S) ARISING FROM SUCH THREAT, CLAIM, DEMAND, FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THIS PROPOSED INSURANCE.

MATERIALS REQUESTED:

As an attachment to this application, please include the following (where applicable):

- For the five (5) largest pension plans (in terms of total assets), most recent Forms 5500, and a copy of the latest certified audited financial statements, with investment portfolios. If plans assets are held in a master trust, submit a copy of the master trust investment portfolio.
- For each plan whose assets at any time within twelve (12) months prior to the inception date of this proposed policy was comprised of twenty percent (20%) or more of securities of the Sponsor Organization, the latest audited financial statements (with investment portfolio). If such plan holds securities that are not publicly traded, then also submit a complete copy of the most recent independent appraisal of such securities.
- Latest written plan document and latest audited financial statement, if applicable, for any non-qualified plans.
- Most recent filing with the S.E.C. (Form 10-K) and any subsequent filings (Form 10-Q, Form 8-K, etc.) for the Sponsor Organization.
- Latest available interim financial statements for the Sponsor Organization.
- For non-publicly-traded companies, the latest annual report and latest interim financial statement for the Sponsor Organization.

THE UNDERSIGNED AUTHORIZED MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED MANAGER 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 AUTHORIZATIONS OR AGREEMENTS 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 FORM THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

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

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL 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 AUHTORITIES.

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 OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE AND 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 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 (\$5,000) 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/SHE 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 (365:15-10, 36 §3613.1).

NOTICE TO OREGON 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 MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION 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 APPLICANT: 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.

NOTE: A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED BY THE CHIEF EXECUTIVE OFFICE OR PRESIDENT AND DATED.

NOTE: THE SPONSOR ORGANIZATION (OR ANY PERSON SIGNING THIS APPLICATION ON BEHALF OF ANY INSURED) ACKNOWLEDGES, IS AWARE AND AGREES THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY COSTS OF DEFENSE AND, TO THE EXTENT THAT THE LIMIT OF LIABILITY OF THE POLICY IS EXCEEDED THE INSURER SHALL NOT BE LIABLE FOR COSTS OF DEFENSE, THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT, AND THAT COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION.

DATE _____ SIGNATURE _____

TITLE _____

NAME OF BROKER _____

NAME OF AGENCY _____

ADDRESS _____

LICENSE NUMBER _____

DATE SIGNED _____

SPECIMEN