



UNDERWRITTEN IN FEDERAL INSURANCE COMPANY, TEXAS PACIFIC INDEMNITY COMPANY, OR  
PACIFIC INDEMNITY COMPANY

Fiduciary Liability Coverage is written on a claims-made basis. Except as otherwise provided, this section of the policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by Defense Costs.

1. GENERAL INFORMATION

Sponsor Organization \_\_\_\_\_

Address \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date Established \_\_\_\_\_

Nature of Business \_\_\_\_\_

2. MATERIAL CHANGE

Signing of this application does not bind the **Sponsor Organization** or the Company. If there is any material change in the answers to the questions prior to the policy inception date the **Sponsor Organization** will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

As part of this application, please attach the following (where applicable):

- Copy of the most recently filed Form 5500s for all ERISA plans except health and welfare plans.
- Audited financial statements for all ERISA plans except health and welfare plans.
- Annual report of the **Sponsor Organization**.

4. COVERAGE REQUESTED

Coverage	Limit Requested
Fiduciary Liability	\$ _____

5. POLICY PERIOD REQUESTED

From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Sponsor Organization**.

**6. SUBSIDIARIES**

Do you want to include all subsidiaries?  Yes  No. Attach a list of subsidiaries to be covered including the following information: nature of business, % owned, date acquired or created.

**7. PARTNERSHIPS**

Does the **Sponsor Organization**, a subsidiary or any director or officer presently act in the capacity of general partner in a limited or general partnership?  Yes  No. If yes, attach details.

**8. PLAN ADMINISTRATION**

ERISA Plan	Plan Administrator	Consultant/ Actuary	CPA	Legal Counsel	Investment Manager
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are plan benefits provided by insurance (e.g. annuity, medical policy, etc.)?  Yes  No. If yes, state the name of the insurance company. \_\_\_\_\_

**9. SIZE OF PLANS (All Plans Combined)**

Year	Total Assets	Annual Contributions	Number of Participants
19____	\$ _____	\$ _____	_____
19____	\$ _____	\$ _____	_____
19____	\$ _____	\$ _____	_____

**10. RECENT PLAN CHANGES**

Have there been any mergers of plans in the past 3 years?  Yes  No. If yes, attach details.

Have there been any plan terminations in the past 3 years?  Yes  No. If yes, attach details.

Were benefits from terminated plans secured by the purchase of annuities?  Yes  No. If yes, attach details. Please list annuity carrier. \_\_\_\_\_

**11. COMPLIANCE**

Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA?  
 Yes  No. If no, please explain: \_\_\_\_\_

Have the plans been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules?  
 Yes  No. If no, please explain: \_\_\_\_\_

Has an actuary certified that the plans are adequately funded?  Yes  No. If no, please explain: \_\_\_\_\_

Are there any outstanding delinquent contributions?  Yes  No. If yes, attach details.

Have any plans experienced any event reportable to the PBGC?  Yes  No. If yes, attach details.

**12. PAST ACTIVITIES**

Has any fiduciary been:

- a. accused, found guilty or held liable for a breach of trust?  Yes  No. If yes, attach details.
- b. convicted of criminal conduct?  Yes  No. If yes, attach details.

Have any claims (other than for benefits) been made during the past 5 years against any benefit program or any current or past fiduciaries?  Yes  No. If yes, attach details.

**13. PRIOR INSURANCE**

Does the **Sponsor Organization** or any subsidiary currently have fiduciary liability insurance?  Yes  No. If no, skip to Section 15 and answer the warranty statement. If yes, please provide the following:

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

Has the **Sponsor Organization**, a subsidiary or any **Insured Person** given written notice under the provisions of any prior or current fiduciary liability policy of specific facts or circumstances which might give rise to a claim being made against any **Insured**?  Yes  No. If yes, attach details.

Have any loss payments been made on behalf of any **Insured** under any fiduciary liability policy or similar insurance?  
 Yes  No. If yes, attach details.

**14. CONTINUITY WITH PRIOR COVERAGE**

**Note:** This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested \_\_\_\_\_

If continuity of coverage is requested:

- a. attach a copy of the prior application with which continuity of coverage is to be maintained.
- b. the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

**15. PRIOR KNOWLEDGE/WARRANTY**

**Note:** This section applies if you have requested continuity of coverage and your request has not been accepted or granted or if there is no prior coverage.

**It is important that you fill in the blank in this paragraph.** No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: **(If no exceptions, please state.)** \_\_\_\_\_

**It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.**

**16. FALSE INFORMATION**

**Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**17. DECLARATION AND SIGNATURE**

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the **Sponsor Organization or Insured Persons** to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form a part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by a current fiduciary.

\_\_\_\_\_

Date Signature Title