

Employee Benefit Plan Fiduciary Liability Insurance Application

Name of Insurance Company To Which Application Is Made
(herein called the "Insurer")

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 all plans for which coverage is requested:

Full Name of Plan to Be Covered	Total Assets (Market Value)	# of Participants	Qualified Plan (Y/N)	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 in ERISA) please provide details on an attachment.

Please answer questions 3-16 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), the service(s) they provide 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(s) 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 may result in any change or reduction of benefits, including but not limited to an increase in participants' share of costs? ____ Yes ____ No. (If "Yes," attach a description of the amendment(s).)

10. 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 name of annuity provider if benefits have been secured by annuities.)

11. 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(s), date or expected date of the transfer(s), and most recent financial statements for any created or acquired subsidiaries.

Question 12 applies only to defined benefit plans. If there are no defined benefit plans, please skip to question 13.

12. 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.)

13. 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.)

14 . 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 attach complete details.)

15. 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.)

16 . 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.)

16 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. It is agreed that with respect to questions 13

Prior Insurance

17. 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 _____.

18. Has similar insurance ever been refused, canceled or non-renewed?* _____ Yes _____ No. (If "Yes," attach complete details including date and reason.)

*MISSOURI APPLICANTS NEED NOT REPLY.

19. 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 \$ _____

20 . Has any fidelity bond for any plan ever been refused, canceled or non-renewed? _____ Yes _____ No. (If "Yes", attach complete details.)

21. Name of Risk Manager (or equivalent position)

22. Name of General Counsel

23. 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.

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 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 THIS STATEMENT IS INCORPORATED IN 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 _____
(must be signed by a current fiduciary)

Print Name _____

Title _____

Date _____

ATTEST _____

BROKER _____

ADDRESS _____

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 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 MINNESOTA APPLICANTS: “ANY PERSON WHO SUBMITS AN APPLICATION OR 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 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.”

Signed _____
(must be signed by a current fiduciary)

Print Name _____

Title _____

Date _____