AGENCY CUSTOMER ID: _____

FIDUCIARY LIABILITY COVERAGE SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	APPLICANT / FIRST NAMED INSURED

* REQUESTED EFFECTIVE DATE:	* EXPIRATION DATE:	* 12:01 AM at the Principal Address of the Applicant

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE REQUESTED

PLEASE ATTACH A COPY OF THE FOLLOWING:

- COPY OF THE MOST RECENTLY FILED FORM 5500s FOR ALL ERISA PLANS EXCEPT HEALTH AND WELFARE PLANS
- AUDITED FINANCIAL STATEMENTS WITH INVESTMENT PORTFOLIOS FOR THE FIVE LARGEST EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA) PLANS EXCEPT HEALTH AND WELFARE PLANS
- THE LATEST ANNUAL REPORT OF THE APPLICANT, INCLUDING AUDITED FINANCIAL STATEMENTS
- PLAN DESCRIPTION AND FINANCIAL STATEMENTS, IF APPLICABLE FOR ANY NON-QUALIFIED PLANS

PRIMARY	EXCESS	REQUESTED LIMITS	CURRENT LIMITS	RETENTION	ANNUAL PREMIUM
☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $	$
		AGGR: $	AGGR: $	CURR: $	

SEPARATE DEFENSE COSTS LIMIT ☐ (Y / N) $ DEFENSE LIMIT ☐ INSIDE ☐ OUTSIDE PENDING & PRIOR LITIGATION DATE:

SHARED LIMITS ☐ (Y / N) **ADDITIONAL COVERAGES ATTACHED** ☐ (Y / N)

INDICATE SECTIONS INCLUDED

☐ D&O LIABILITY ☐ EPLI ☐ CRIME ☐ PROF LIABILITY ☐ FIDUCIARY ☐

ENDORSEMENTS

	FORM NUMBER (For Insurer Use Only)	TITLE	EDITION DATE
☐			
☐			
☐			
☐			
☐			
☐			
☐			
☐			

PLAN INFORMATION (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PLAN NAME	YEAR ESTABLISHED	TYPE OF PLAN	PLAN ASSETS CURRENT YEAR	PLAN ASSETS PRIOR YEAR	TOTAL CURRENT PLAN PARTICIPANTS
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
		TOTAL ASSETS:	$	$	

TYPE OF PLAN CODES

HW - HEALTH AND WELFARE PLAN DB - DEFINED BENEFIT PLAN ES - EMPLOYEE STOCK OWNERSHIP PLAN

DC - DEFINED CONTRIBUTION PLAN CB - CASH BALANCE EB - EXCESS BENEFIT PLAN OR TOP HAT PLAN OTHER (Describe):

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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AGENCY CUSTOMER ID: _____

PLAN ADMINISTRATION

1. DOES APPLICANT DELEGATE AUTHORITY OF THE MANAGEMENT AND CONTROL OF ANY PLAN'S ASSETS TO ANY OUTSIDE CONSULTANT(S)? ☐ Y / N
If "YES", please provide the following information with respect to each plan (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

INVESTMENT ADVISOR **NAME**	**ADDRESS**	**YEARS EMPLOYED**
ACTUARY **NAME**	**ADDRESS**	**YEARS EMPLOYED**
LEGAL COUNSEL **NAME**	**ADDRESS**	**YEARS EMPLOYED**
CPA **NAME**	**ADDRESS**	**YEARS EMPLOYED**
ADMINISTRATOR **NAME**	**ADDRESS**	**YEARS EMPLOYED**
OTHER: **NAME**	**ADDRESS**	**YEARS EMPLOYED**
OTHER: **NAME**	**ADDRESS**	**YEARS EMPLOYED**

EXPLAIN ALL YES RESPONSES	**Y / N**
2. DOES APPLICANT HANDLE ANY INVESTMENT DECISIONS IN-HOUSE? (If "YES", describe)	
3. ARE PLAN BENEFITS PROVIDED BY INSURANCE (e.g., annuity, medical policy, etc.) If "YES", provide name of insurance company. **INSURANCE COMPANY:**	

PLAN CHANGES

EXPLAIN ALL YES RESPONSES	**Y / N**
1. HAVE THERE BEEN ANY MERGERS OF PLANS IN THE PAST THREE (3) YEARS? (If "YES", describe)	
2. HAS ANY PLAN OR PORTION OF ANY PLAN BEEN SOLD, TRANSFERRED OR TERMINATED IN THE PAST THREE (3) YEARS? (If "YES", provide 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)	
3. IS ANY CONVERSION TO A CASH BALANCE PLAN BEING CONSIDERED? (If "YES", attach complete details including copies of any descriptive literature distributed to plan participants and descriptions of any grandfather provisions)	
4. FOR EACH CASH BALANCE PLAN, WAS THE PLAN CONVERTED FROM A PRIOR DEFINED BENEFIT (PENSION) PLAN? (If "YES", attach complete details including copies of any descriptive literature distributed to plan participants and descriptions of any grandfather provisions)	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

COMPLIANCE

EXPLAIN ALL YES RESPONSES UNLESS INDICATED OTHERWISE	Y / N
1. DO THE PLANS CONFORM TO THE STANDARDS OF ELIGIBILITY, PARTICIPATION, VESTING, FUNDING AND OTHER PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA), THE PENSION PROTECTION ACT OF 2006, OR SIMILAR FOREIGN LAWS, IF APPLICABLE? (If "NO", explain)	
2. HAVE THE PLANS BEEN REVIEWED TO ASSURE THAT THERE ARE NO VIOLATIONS OF PROHIBITED TRANSACTIONS AND PARTY-IN-INTEREST RULES? (If "NO", explain)	
3. HAS ANY PLAN FILED FOR AN EXEMPTION FROM A PROHIBITED TRANSACTION? (If "YES", attach filing and Department of Labor response)	
4. HAS AN ACTUARY CERTIFIED THAT THE PLANS ARE ADEQUATELY FUNDED? (If "NO", explain)	
5. ARE THERE ANY OUTSTANDING DELINQUENT CONTRIBUTIONS? (If "YES", describe)	
6. HAVE ANY PLANS EXPERIENCED ANY EVENT REPORTABLE TO THE PENSION BENEFIT GUARANTY CORPORATION (PBGC)? (If "YES", describe)	
7. WITHIN THE LAST THREE (3) YEARS HAS ANY PLAN LOANED MONEY TO, OR INVESTED IN, THE SECURITIES OF THE APPLICANT OR ITS AFFILIATES? (If "YES", provide details including percentage of holdings)	

GENERAL INFORMATION

EXPLAIN ALL YES RESPONSES	Y / N
1. HAS ANY FIDUCIARY BEEN ACCUSED, FOUND GUILTY OR HELD LIABLE FOR A BREACH OF TRUST? (If "YES", attach details)	
2. HAS ANY FIDUCIARY BEEN CONVICTED OF CRIMINAL CONDUCT? (If "YES", attach details)	
3. HAS THERE BEEN ANY ASSESSMENT OF FEES, FINES OR PENALTIES UNDER ANY VOLUNTARY COMPLIANCE RESOLUTION PROGRAM OR SIMILAR VOLUNTARY SETTLEMENT PROGRAM ADMINISTERED BY THE IRS, DOL OR OTHER GOVERNMENT AUTHORITY AGAINST ANY PLAN? (If "YES", describe)	
4. DURING THE LAST FIVE (5) YEARS HAS THE APPLICANT OR ANY OTHER PROPOSED INSURED BEEN INVOLVED IN ANY CLAIMS, LAWSUITS OR ADMINISTRATIVE PROCEEDINGS?	
5. ARE ANY PERSONS OR ENTITIES PROPOSED FOR THIS INSURANCE, AWARE OF ANY FACT, CIRCUMSTANCE, ACT, ERROR, OMISSION OR SITUATION WHICH MAY GIVE RISE TO A CLAIM THAT WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE? (If "YES", has the policyholder or any insured individual, given written notice under the provisions of any prior or current insurance policy?)	
6. IS THERE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA) FIDUCIARY BOND COVERAGE CURRENTLY IN FORCE? (If "YES", provide name of carrier) **NAME OF CARRIER:**	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

IF THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION BEFORE THE POLICY INCEPTION DATE, THE APPLICANT MUST IMMEDIATELY NOTIFY THE COMPANY IN WRITING, AND ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, ITS ATTACHMENTS, AND SUCH OTHER INFORMATION SUBMITTED THEREWITH IN ISSUING ANY POLICY. THE INFORMATION REQUESTED IN THE APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY UNDER ANY POLICY OF A CLAIM OR POTENTIAL CLAIM. (Not applicable in North Carolina)

MUST BE SIGNED BY AN EXECUTIVE WHO IS A CURRENT FIDUCIARY OF A SPONSORED PLAN PROPOSED FOR THIS INSURANCE

APPLICANT'S NAME (PLEASE PRINT OR TYPE)		APPLICANT'S TITLE	STATE PRODUCER LICENSE NO (Required in FL and NE)
APPLICANT'S SIGNATURE	**DATE**	**PRODUCER'S SIGNATURE**	**NATIONAL PRODUCER NUMBER**