

**Underwritten in Federal Insurance Company or Vigilant Insurance Company**

**Labor Management Trust Fiduciary Liability Coverage is written on a claims-made basis. Except as otherwise provided, this 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 defense costs. Any deductible may be similarly reduced or exhausted by defense costs.**

**1. GENERAL INFORMATION**

Name of trust or plan \_\_\_\_\_  
 Insurance Representative \_\_\_\_\_  
 Address of Insurance Representative \_\_\_\_\_  
 Industries or Trades Represented \_\_\_\_\_

**2. MATERIAL CHANGE**

Signing of this application does not bind the applicant or the Company. If there is any material change in the answers to the questions prior to the policy inception date the applicant will notify the Company in writing and any outstanding quotation may be modified or withdrawn.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 5500 and all schedules for the trust or plan.
- Audited financial statements for the trust or plan.
- List of all current Trustees and their Employers Name or Local.

**4. LIMIT REQUESTED**

<b>Coverage</b>	<b>Limit Requested</b>
Labor Management Trust Fiduciary Liability	\$ _____

**5. POLICY PERIOD REQUESTED**

From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 am at the principal address of the Insurance Representative.

**6. PLAN ADMINISTRATION**

	Name	Years Employed
Fund Manager or Contract Administrator (Firm Name)	_____	_____
Consultant/Actuary	_____	_____
CPA	_____	_____
Legal Counsel	_____	_____
Investment Manager	_____	_____
Custodian of Assets	_____	_____

How are plan benefits provided? By insurance (e.g. annuity, medical, etc.)  Self-insured  Combination   
 If insured, give the name of the insurance company \_\_\_\_\_

If the trust or plan does not retain an independent investment manager, who makes the investment decisions?  
 \_\_\_\_\_

Who administers the daily operations of the trust or plan? Please give the name of the firm \_\_\_\_\_

How often are formal trustee meetings held? \_\_\_\_\_

7. SIZE OF PLAN	Year	Total Assets	Annual Contributions	Number of Participants
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**8. RECENT PLAN CHANGES**

Has the name of the trust or plan been changed?  Yes  No

If yes, when \_\_\_\_\_ and attach details.

Has any other trust or plan been added or merged into the trust or plan?  Yes  No

Have there been any trust or 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 \_\_\_\_\_

**9. 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: \_\_\_\_\_

If yes, by whom and when? \_\_\_\_\_

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.

Were any plan loans or obligations due the plan in default or classified as uncollectible during the plan year?  Yes  No

If yes, attach details.

**10. 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.

(c) refused coverage under a fidelity bond?  Yes  No

If yes, attach details.

Have any claims (other than for benefits) been made during the past 5 years against any trust or plan or any current or past fiduciaries?  Yes  No

If yes, attach details.

**11. PRIOR INSURANCE**

Does the applicant currently have fiduciary liability Insurance?  Yes  No  
If no, skip to Section 13 and answer the warranty statement. If yes, please provide the following:

<b>Insurer</b>	<b>Limits</b>	<b>Deductible</b>	<b>Policy Period</b>
_____	_____	_____	_____

Has the applicant 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 applicant?  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.

**12. 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.

**13. 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.)

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

**14. 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.

**15. 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 applicants to the 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

**False Information**

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**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false 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 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.

**Notice to Minnesota and 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, which is 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 their 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 Oklahoma Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.