

BY COMPLETING THIS FIDUCIARY LIABILITY APPLICATION, YOU ARE APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THIS IS A CLAIMS MADE POLICY, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE APPLICABLE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE FIDUCIARY LIABILITY APPLICATION CAREFULLY.

APPLICATION INSTRUCTIONS:

Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. GENERAL INFORMATION:

1. Name of Plan: _____
2. Address of Plan: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
3. Insurance Representative: _____
4. Address of Insurance Representative: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____

II. SPECIFIC INFORMATION:

1. ATTACHMENTS

Attach a copy of the following:

- Most recent Plan audited financial statements
- Most recent Plan actuarial reports and valuations
- List of current trustees (include years of experience and employer's name or local union name)

New Business Only

- Plan Documents and/or Trust Agreements for public entity Plans or multiple employer Plans
- For any Plan not subject to Employee Retirement Income and Security Act (ERISA) due to its status as a Public Sector Plan, please attach indemnification provisions of the government immunity statute where Plan is domiciled.

NOTE: Additional information may be requested based on specific applicant characteristics.

2. FIDUCIARY LIABILITY INSURANCE REQUESTED

Limit of Liability: \$ _____
 Retention: \$ _____

Policy Period:

From: _____ to: _____ both days at 12:01 a.m. at the principal address of the Insurance Representative.

3. PLAN INFORMATION

Plan Names	EIN (Employee Identification Number)	Plan Type *	Funding % (DB Plans Only)	Total Plan Assets	Annual Contributions	Total Plan Participants

* Plan Type: DB (defined benefit); DC (defined contribution); HW (health & welfare); Other (attach description)

4. PLAN ADMINISTRATION

Provide the following information with respect to each Plan:

Type of Service	Name of Provider	Years of Service
Professional Administrator		
Investment Manager(s)		
Legal Counsel		
Certified Public Accountant		
Actuary		
Custodian of Assets		
Other		

5. PLAN CHANGES [A written attachment must be provided if any question (a-d) is answered YES]

- a) Has the legal name of any of the Plans been changed? Yes No
- b) Have there been any Plans terminated in the past three (3) years or is a termination anticipated in the next 12 months? Yes No
- c) Have any other plans been merged into the Plans within the past three (3) years or is such a merger anticipated in the next 12 months? Yes No
- d) Have there been any amendments to the Plans that resulted in a reduction in benefits, or are any such amendments anticipated in the next 12 months? Yes No

6. COMPLIANCE [A written attachment must be provided if any question (a – f) is answered NO]

- a) Do Plans conform to the standards of eligibility, participation, vesting, funding and other provisions of the Employee Retirement Income and Security Act (ERISA) as amended and/or applicable state regulations? Yes No
- b) Have Plans been reviewed to assure that there are no violations of prohibited transactions or party-in-interest rules? Yes No
- c) Has an actuary certified that the Plans are adequately funded? Yes No

- d) Have health and welfare Plans been reviewed to assure compliance with Health Insurance Portability and Accountability Act (HIPAA) as amended? Yes No
- e) Have health and welfare Plans been reviewed to assure compliance with Patient Protection and Affordable Care Act (PPACA) as amended? Yes No
- f) Do Plans have current coverage under an ERISA fidelity bond? Yes No
(If yes, indicate carrier.) _____

[A written attachment must be provided if any question (g - j) is answered YES]

- g) Are there any outstanding or overdue employer contributions due the Plans? Yes No
- h) Have any Plans experienced an event reportable to the Pension Benefit Guarantee Corporation in the past three (3) years? Yes No
- i) Have any Plans filed for exemption from a prohibited transaction? Yes No
- j) Are any loans, leases, or debt obligations due the Plans in default or classified as uncollectible? Yes No

7. PLAN MANAGEMENT

- a) How often are formal meetings held by the board of trustees? _____
- b) Who makes investment decisions if Plans do not retain an independent investment manager?

[A written attachment must be provided if any question (c – e) is answered NO]

- c) Does the board of trustees follow written guidelines to regularly review the performance and costs associated with all Plan service providers? Yes No
- d) Does the board of trustees have a written procedure to collect overdue contributions? Yes No
- e) If Plans provide participants with online access to their employee benefit accounts, have all online access security procedures offered by the plan administrator (including multi-factor authentication) been implemented? Yes No

8. PUBLIC SECTOR PLAN QUESTIONS – ONLY RESPOND IF PUBLIC SECTOR PLAN

- a) Do fiduciaries have available a Public Defense? Yes No
- b) Does the state where the Plans are domiciled have a government immunity statute to which the Plans are subject? Yes No
- c) What are the allowable limits for judgments under the governmental immunity statute?

- d) What is the statute of limitations for claims against the Plans of the state where such Plans are domiciled?

9. PAST ACTIVITIES [A written attachment must be provided if any question (a – d) is answered YES]

- a) Have any fiduciaries of the Plans been:
 - 1. accused, found guilty or held liable for a breach of trust or fiduciary duty? Yes No
 - 2. accused or convicted of criminal conduct? Yes No

- 3. refused coverage under a fidelity bond? Yes No
- b) Have any claims been made during the past 5 years against the Plans, or any current or past fiduciaries? Yes No
- c) Has there been any assessment of fees, fines, or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the DOL, IRS, or other government authority against any Plans? Yes No
- d) Have any Plans or fiduciaries been the subject of any investigation or audit by the DOL, IRS or other government authority in the past 3 years or been notified of the possibility an investigation? Yes No

10. PRIOR INSURANCE[A written attachment must be provided if any question (a – c) is answered YES]

- a) Does the applicant currently have fiduciary liability insurance? Yes No
(If yes, indicate carrier, limit of liability, deductible, and policy period)

- b) Has any current or past fiduciary liability insurance been refused, canceled, or non-renewed? Yes No
- c) Have any Plans or fiduciaries given written notice under the provisions of any prior or current fiduciary liability policy, or specific facts or circumstances which might give rise to a claim being made against any Insured? Yes No
- d) Have any loss payments been made on behalf of any Insured under any fiduciary liability policy or similar insurance? Yes No

III. REPRESENTATION: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS:

- a) The undersigned authorized agents of the Plan represent, after reasonable inquiry, that no person or entity proposed for this insurance is aware of any fact, circumstance, or situation which could reasonably give rise to a **Claim** or **Voluntary Program Loss** to which the proposed insurance could apply, except as disclosed immediately below (a “Disclosed Matter”).

If no Disclosed Matters exist, please write “None” here: _____

- b) The undersigned authorized agents acknowledge and agree, on behalf of all proposed insureds proposed for this insurance, that if any such fact, circumstance, or situation exists, whether or not disclosed in response to Question 11 a. above, any claim, matter or action arising from such fact, circumstance, or situation, is excluded from coverage under the proposed insurance, if issued by the Company.

IV. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this application before the policy inception date, the Plan must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The applicant's submission of this Application does not obligate the Company to issue, or the applicant to purchase, a policy. The applicant will be advised if the Application for coverage is accepted. The applicant hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s), entity(ies), and Plan(s) proposed for this insurance declare

that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application, such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Alabama and Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

Notice to Arkansas, New Mexico 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 or other matter containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 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 Kansas Applicants: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

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 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 Louisiana and Rhode Island 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, 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 may include imprisonment, fines or a denial of insurance benefits.

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 Oklahoma 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.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

Notice to Puerto Rico Applicants: 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 with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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.

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.

This application must be signed by a trustee of the Plan(s)proposed for this insurancewho is acting as an authorized representative of the person(s), entity(ies) andPlan(s)proposed for this insurance.

Signature of Trustee: _____

Print Name: _____

Title: _____

Date: _____

Produced By:

Agent (Print & Sign): _____

Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Submitted By:

Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address: _____

City: _____ State: _____ Zip: _____