Berkshire Hathaway Specialty Insurance

Executive First – Fiduciary Liability Insurance

Fiduciary Liability Insurance Renewal Application

NOTICE: THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE INSURANCE. THE INSURER WILL RELY UPON THE ACCURACY AND COMPLETENESS OF THIS APPLICATION FOR INSURANCE, AND ON INFORMATION CONTAINED IN YOUR PUBLIC FILINGS WITH REGULATORY AGENCIES, INCLUDING BUT NOT LIMITED TO THE DEPARTMENT OF LABOR AND THE SECURITIES AND EXCHANGE COMMISSION. THIS APPLICATION WILL FORM THE BASIS OF, AND BECOME PART OF, ANY RESULTING POLICY. COVERAGE UNDER ANY SUCH POLICY WILL BE ON A CLAIMS-MADE BASIS. NO COVERAGE WILL EXIST FOR CLAIMS FIRST MADE AGAINST AN INSURED AFTER THE END OF THE POLICY PERIOD UNLESS AND TO THE EXTENT THAT AN EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY UNDER SUCH POLICY, AND WILL ALSO BE APPLIED AGAINST THE RETENTION.

1. Company to be named on the Declarations ("**Parent Company**"):	
Address (of **Parent Company**):	
2. Current market value of assets of all **Sponsored Plans** for which coverage is requested:	$
3. Insurance amount requested (Aggregate Limit of Liability):	$
4. Self-insured, per-**Claim** retentions requested:	a. **Securities Retention**: $ b. All other **Loss** to which a Retention applies: $
5. Policy period requested:	

6. Please list the five largest (by asset size) pension plans for which coverage is requested in the grid below.   If there are new plans for which coverage is requested, please list such plans on an attachment. If there is an attachment, check here: ☐

Name of Sponsored Plan (as it appears on Form 5500, if applicable)	Current Market Value of Assets (if applicable)	Type of Plan*	At any time within the past 36 months have assets been held or permitted to be invested in employer securities** or is any such investment expected in the next 12 months? (YES/NO)	Total Number of Participants in Plan	Name of Investment Manager***
			NO		
			NO		
			NO		
			NO		
			NO		

*   Type of Plan: DC = Defined Contribution Pension (for example a 401(k) plan), DB = Defined Benefit Pension, W = Welfare, O = Other
**   "Employer Securities" means securities of the **Company**, the parent of the **Company**, any company that is acquired in whole or in part by the **Company**, or any former parent of any company that is acquired in whole or in part by the **Company**
*** "Investment Manager" is the party granted control of or authority to invest plan assets.

Plan Changes

7. Since the inception date of the last Policy, has any amendment(s) to any **Sponsored Plan** been made or considered that has resulted in or may result in a reduction of benefits, including but not limited to a change in the formula for calculating benefits, a cessation of medical or post-retirement benefits, or an increase in participants' or a **Sponsored Plan**'s share of costs? ☐ **Yes**   ☐ **No**   If "Yes," please provide details.

8. Since the inception date of the last Policy, has any **Sponsored Plan** or part of a **Sponsored Plan**, been transferred, merged, or terminated or is any such activity under consideration? ☐ **Yes**   ☐ **No**   If "Yes," please provide details, including the date of transfer, merger, or termination, whether assets have been fully distributed to affected participants and beneficiaries or reverted to a party other than such participants and beneficiaries. If benefits have been secured by annuities, please include the name of the annuity provider and details of the transaction.

Plan Contributions and Funding

9. Are all defined benefit **Sponsored Plans** adequately funded in accordance with **ERISA** or applicable similar common or statutory law of the United States, Canada, the United Kingdom, or any state or other jurisdiction anywhere in the world, as attested to by an actuary? ☐ **Yes**   ☐ **No**   ☐ **Not Applicable**

10. Are there any overdue employer contributions for any **Sponsored Plan**, or has a request for a waiver of contributions been made or contemplated for any **Sponsored Plan**? ☐ **Yes**   ☐ **No**   If "Yes," please provide details.

Plan Investment and Governance

11. Are there written investment guidelines for **Sponsored Plans** that fiduciaries and investment managers and advisers are expected to follow? ☐ **Yes** ☐ **No**

12. How often is **Sponsored Plan** investment and investment manager performance reviewed? ▓▓▓

13. Is there a written procedure to assess the reasonableness of administrative, investment management, or consulting fees charged to or paid by **Sponsored Plans**, including fees in connection with mutual funds, investments recommended by investment advisers and, if applicable, fees in connection with proprietary funds of the **Company**? ☐ **Yes** ☐ **No** If "Yes," please indicate when the last such assessment was performed and for which **Sponsored Plan(s).**
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Submissions

As part of this Application for Insurance, please attach a copy of the following, unless the documents are publicly available and then they are deemed attached.

    (a) The most recent audited plan financial statements for the five largest pension plans (by asset size).

    (b) If the **Parent Company** is not publicly traded, then the most recent audited financial statement for the **Parent Company**.

FRAUD WARNING

FL ONLY: 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.

NJ ONLY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NY ONLY: 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.

PA ONLY: 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.

ALL OTHER STATES: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN CO, DC, ME, TN, VA, AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT, AND HEREBY CERTIFIES THAT THEY HAVE MADE REASONABLE INQUIRIES TO OBTAIN AND PROVIDE THE ANSWERS, INFORMATION AND DOCUMENTATION THAT IS RESPONSIVE TO THE QUESTIONS AND REQUESTS CONTAINED IN THIS SUPPLEMENTAL APPLICATION, AND REPRESENTS THAT THE ANSWERS, INFORMATION AND DOCUMENTATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

_____
Signature of Officer Authorized by the Company to Sign:

_____
Print Name/Title

_____
Date