



Executive First – Fiduciary Liability Insurance

Fiduciary Liability Insurance Mainform 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 plans for which coverage is requested in the grid below. List additional plans on an attachment.

If there is an attachment, check here:

Name of 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***
<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>

* 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. In the past 24 months, has any amendment(s) to any 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 the plan's share of costs? Yes No
If "Yes," please provide details.

8. Has any plan or part of a 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 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 plan, or has a request for a waiver of contributions been made or contemplated for any plan? Yes No
If "Yes," please provide details.



Plan Investment and Governance

11. Are there written investment guidelines for plans that fiduciaries and investment managers and advisers are expected to follow? **Yes** **No**
12. How often is plan investment and investment manager performance reviewed?
13. Is there a written procedure that is followed to assess the reasonableness of administrative, investment management, or consulting fees charged to or paid by 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 plan(s).

Warranty Questions/Statement

- a. Does any person or entity for whom this insurance is intended have any knowledge or information of any pending or prior claim, law suit or regulatory action against, or regulatory investigation or inquiry of any such person or entity arising out of any plan? **Yes** **No** If "Yes," provide details on separate attachment.
- b. Does any person or entity for whom this insurance is intended have any knowledge or information of any act, error, omission, fact, circumstance or violation of **ERISA** or **Employee Benefit Law** which a reasonable person would believe may give rise to a **Claim** which may fall within the scope of the proposed insurance? **Yes** **No** If "Yes," provide details on separate attachment.

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM (WHETHER OR NOT DISCLOSED HEREIN), IS EXCLUDED FROM THE PROPOSED COVERAGE. SUCH EXCLUSION WILL NOT OPERATE AS A WAIVER OF ANY OTHER REMEDIES THE INSURER MAY HAVE. IT IS FURTHER AGREED THAT THIS STATEMENT MADE THEREON SHALL BE DEEMED AN EXPRESS WARRANTY FOR ALL INSUREDS WHICH HAS BEEN RELIED UPON BY THE INSURER PURSUANT TO THE ISSUANCE OF COVERAGE.

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