
 Name of Insurance Company to which Application is made
 (herein called the “**Insurer**”)

**Employee Benefit Plan Fiduciary Liability Insurance
 Main Form Application**

NOTICE: EXCEPT AS SET FORTH IN ITEM 3(b) OF THE DECLARATIONS, THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

1. Applicant:

- (a) **Sponsor Organization**¹: _____
- (b) Address: _____
- (c) Nature of business (include primary SIC code): _____
- (d) Total revenues of the **Sponsor Organization**: \$ _____
- (e) Total assets of all plans: \$ _____

2.(a) Amount of insurance requested: \$ _____ (b) Self-insured retention requested (each loss): \$ _____

3. Is this a replacement of existing insurance? Yes No. If Yes, is continuity requested? Yes No
 Continuity date requested: _____
 If continuity is requested, do not complete question 15 and attach a copy of the original main form application.

4. List of **Plans** for which coverage is requested:

Full name of Plans to be covered	Total assets (market value)	Number of Plan participants	Type of Plan (W = welfare benefit) (DC = defined contribution) (DB = defined benefit) (Other = please describe)	Does the Plan invest in employer securities? (Y/N)	Is the Plan a stock option plan? (Y/N)

(List any additional **Plans** on an attachment. If there is an attachment, check here .)

¹ All terms that appear in **Bold** type are used with the same respective meaning as they have in the Employee Benefit Plan Fiduciary Liability Insurance Policy Form 77892(3/01).

5. Are assets managed by an investment manager as defined in ERISA²? Yes No
If “No,” or if only some assets are invested by an investment manager as defined in ERISA, please provide details on an attachment. (If there is an attachment, check here .)
6. How often is the performance of the plans’ investment managers reviewed?
 At least semi-annually Less than semi-annually (please describe)
7. How often do the fiduciaries establish or amend the investment manager’s guidelines and goals for the plans?
 At least annually Less than annually (please describe)
8. Is any plan a multiemployer or multiple employer plan? Yes No
(If “Yes,” list and identify the types of plans on an attachment. If there is an attachment, check here .)
9. Does any plan employ outside investment, actuarial, legal, administrative or benefits consulting services?
 Yes No. (If “Yes,” indicate the name of each such service provider and the plans for which services are provided. If there is an attachment, check here .)
10. Does any plan hold any contract with a guaranteed return (including Guaranteed Investment Contracts (GICs) or Guaranteed Annuity Contracts (GACs)) with an insurer or bank that is in receivership or undergoing rehabilitation or liquidation? Yes No. (If “Yes,” please attach complete details for each such plan, including plan name, name of contract provider, the market value of each contract and the date that each such contract expires. If there is an attachment, check here .)
11. In the past 24 months has there been, or, in the next 12 months is there anticipated, any amendment that has resulted in or is expected to result in any reduction of benefits, including but not limited to an increase in participants' share of costs? Yes No. (If “Yes,” identify the plans and attach a description of the amendments. If there is an attachment, check here .)
12. Has any plan (or portion of a plan) been spun off (sold), transferred, or terminated or is any such transaction contemplated? Yes No. (If “Yes,” attach the following information for such plans: date (or anticipated date) of spin-off 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.)

Question 13 applies only to defined benefit plans. If there are no defined benefit plans, please skip to question 14.

13. (a) Are all defined benefit plans adequately funded in accordance with ERISA or any applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, as attested to by an actuary? Yes No. (If “No,” attach complete details.)
- (b) Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? Yes No. (If “Yes,” attach complete details, including the plan name and the amount of any overdue employer contributions for each such plan.)
- (c) Is any plan a cash balance plan, or is any conversion to a cash balance plan being considered? Yes No. (If “Yes,” attach complete details, including copies of any descriptive literature distributed to plan participants, and descriptions of any grandfather provisions.)

² Employee Retirement Income Security Act of 1974 and including any amendment or revision thereto.

14. Has there been, or is there now pending, any claim(s) against any proposed insured arising out of any plan? Yes No. (If "Yes," attach complete details.)
15. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a **Claim** under the proposed policy? Yes No. (If "Yes," attach complete details.)
16. Has there been or is there pending any inquiry or investigation, or any violation of ERISA or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which a **Plan** is subject? Yes No. (If "Yes," attach complete details.)

It is agreed that with respect to questions 14, 15 and 16 above that if such claim, knowledge, information, inquiry, investigation, or violation exists, any claim or action arising therefrom is excluded from the proposed coverage.

PRIOR INSURANCE

17. If there is fiduciary liability insurance currently in force with another insurer, please indicate below. If no coverage is carried, check here .
 - (a) Insurer _____
 - (b) Limit of liability _____
 - (c) Self-insured retention _____
 - (d) Policy expiration date _____
 - (e) Premium (indicate whether for one year or other period) _____
 - (f) Loss experience: (Attach complete details.) If no losses, check here .
18. Has similar insurance ever been refused, canceled or non-renewed?³ Yes No . (If "Yes," attach complete details including date and reason.)
19. If there is ERISA fidelity bond coverage currently in force with another insurer, please indicate below. If no coverage is carried, check here .
 - (a) Insurer _____
 - (b) Limit of Liability _____
 - (c) Premium _____
20. Has any fidelity bond for any plan ever been refused, canceled or non-renewed⁴? Yes No . (If "Yes," attach complete details.)
21. Name of Risk Manager (or equivalent position) of the **Sponsor Organization** _____
22. Name of General Counsel of the **Sponsor Organization** _____

PLEASE SUBMIT THE FOLLOWING AS PART OF THE APPLICATION:

- For the five largest **Pension Plans** (in terms of total assets), copies of the latest CPA-audited financial statements, with investment portfolios. (If **Plan** assets are held in a master trust, submit master trust investment portfolio.)

³ Missouri Applicants need not reply

⁴ Missouri Applicants need not reply

- For each **Plan** whose assets at any time within twelve months prior to the inception date of this policy was comprised of 20% or more of securities of the **Sponsor Organization**, the latest CPA-audited financial statement (with investment portfolio). If such **Plan** holds securities that are not publicly traded, then also submit a complete copy of the most recent independent appraisal of such securities.
- Written plan description and latest financial statement, if applicable, for any non-qualified plans.
- For non-publicly-traded companies, the latest annual report and the latest interim financial statement for the **Sponsor Organization**.

SEVERABILITY

If a policy of insurance is issued, it is understood and agreed that in granting coverage to any of the **Insureds**, the **Insurer** has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and shall be considered incorporated in and constituting part of the policy should one be issued. With respect to such declarations and statements, no statements made or knowledge possessed by any **Insured** (other than knowledge or information possessed by the person(s) actually executing the application) shall be imputed to any other **Insured** to determine whether coverage is available for any **Claim** made against such other **Insured**.

THE UNDERSIGNED AUTHORIZED FIDUCIARY OF THE APPLICANT HEREBY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE **INSURER** OF SUCH CHANGES AND THE **INSURER** MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE **INSURER** TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE **INSURER** IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THE STATEMENT BELOW IS INCORPORATED INTO AND BECOMES A PART OF SUCH POLICY.

NOTICE TO ARKANSAS 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 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 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 AUTHORITIES.

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 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 IN 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 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 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 MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF 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 MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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, 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 OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

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 TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Signed _____
(Applicant - must be signed by a current fiduciary)

Print Name _____

Title _____

Date _____

Attest _____

Broker _____

Address _____

The undersigned authorized fiduciary hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the **Insurer** shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized fiduciary hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____ Date _____
(Applicant - must be signed by a current fiduciary)

Print Name _____

Attest _____

Title _____

Broker _____

Address _____