



FIDUCIARY LIABILITY COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGES REQUESTED

Does the **Applicant** desire:

- (a) an optional proposal including Defense Costs coverage outside the applicable Limit of Liability? Yes No
- (b) an optional proposal including Voluntary Settlement Fees Coverage? Yes No

C. PLAN INFORMATION

1. Please complete the following information regarding the **Applicant's** plan(s).

Plan Name	Type of Plan	Plan Assets Current Year	Plan Assets Prior Year	Total Current Plan Participants

Types of Plans:

- Health and Welfare Plan = HWP
- Defined Contribution Plan = DCP
- Defined Benefit Plan = DBP
- Employee Stock Ownership Plan = ESOP
- Excess Benefit Plan or Top Hat Plan = EBP
- Other - Please explain: _____



D. INVESTMENT MANAGEMENT INFORMATION

Does the **Applicant**:

1. Use an outside investment manager(s)? Yes No
 If "Yes", list the name and number of years engaged for each: _____

2. Give any outside investment manager(s) discretionary control over the investing of some or all of the **Applicant's** plan assets? Yes No

3. Handle any investment decisions in-house? Yes No
 If "Yes", please describe. _____

E. PLAN CHANGES

1. In the past 3 years, has the **Applicant** merged any plan(s)? Yes No
 If "Yes", please explain. _____

2. In the past 3 years, has the **Applicant** terminated any plan(s)? Yes No
 If "Yes", please explain and include the name of the insurer if benefits were secured by the purchase of annuities. _____

F. PLAN COMPLIANCE INFORMATION

1. Do each of the **Applicant's** plan(s) conform to the standards of eligibility, participation, vesting and other provisions of ERISA? Yes No
 If "No", please explain. _____

2. Have the **Applicant's** plans been reviewed to assure that there are no violations of any plan trust agreements, prohibited transactions or party-in-interest rules? Yes No
 If "No", please explain. _____

3. If the answer to No. 2 above is "Yes", did the review reveal any violations of any plan trusts, prohibited transactions or party-in-interest rules? Yes No
 If "Yes", please explain. _____



4. Does the **Applicant** have any outstanding delinquent contributions to any plans? Yes No
If "Yes", please explain. _____

G. PLAN FUNDING INFORMATION

1. Has an actuary certified that the **Applicant's** plan(s) are adequately funded? Yes No
If "No", please explain. _____

2. Have any of the **Applicant's** plans experienced any event reportable to the Pension Benefit Guaranty Corporation? Yes No
If "Yes", please explain. _____

H. If the Applicant desires coverage for an Employee Stock Ownership Plan (ESOP), please complete the supplemental ESOP Application.

Please attach the following additional required underwriting information:

- Most recent Form 5500 for all plans