



**40ActPLUS<sup>SM</sup>**  
**GLOBAL FINANCIAL SERVICES/INVESTMENT COMPANY**  
**PROFESSIONAL AND MANAGEMENT LIABILITY POLICY APPLICATION**

The following are the available coverages under this policy form. Every Applicant is required to complete this main Application. Then, based on which coverages you are interested in, complete each appropriate section in this main Application. If a question in this main application refers to a Supplemental Application or a Questionnaire, complete that form as well. Please check the appropriate box for desired coverage:

- INVESTMENT ADVISERS AND FINANCIAL SERVICES PROVIDERS PROFESSIONAL LIABILITY
- INVESTMENT ADVISERS AND FINANCIAL SERVICES PROVIDERS DIRECTORS AND OFFICERS LIABILITY, INCLUDING EMPLOYMENT PRACTICES LIABILITY
- MUTUAL FUND PROFESSIONAL LIABILITY, INCLUDING DIRECTORS, OFFICERS AND TRUSTEES LIABILITY
- PENSION AND WELFARE BENEFIT PLAN FIDUCIARY LIABILITY

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR, IF PURCHASED, ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION. THE POLICY DOES NOT PROVIDE FOR ANY DUTY BY THE UNDERWRITER TO DEFEND THE "INSUREDS." ACCEPTANCE OR RECEIPT BY THE UNDERWRITER OF THIS APPLICATION WILL NOT OBLIGATE THE UNDERWRITER TO ISSUE ANY POLICY OF INSURANCE, NOR PROVIDE REQUESTED COVERAGE FOR ALL ENTITIES LISTED IN THIS APPLICATION OR IN ANY SCHEDULE ATTACHED HERETO. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**I. GENERAL INFORMATION**

1. **Applicant's** name: \_\_\_\_\_  
\_\_\_\_\_
2. Principal address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Web site Internet address (if applicable): http://\_\_\_\_\_
4. If the **Applicant** is other than a corporation, state type of organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name and title of the officer at the principal sponsor or organization for the **Applicant** designated as the representative to receive all notices from the Underwriter on behalf of all person(s) and entity(ies) proposed for this insurance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please give details of the following insurance carried by the **Applicant** (if none, so state):

	Limit	Deductible	Carrier	Term	Premium
Investment Adviser Professional Liability	\$	\$			\$
Directors & Officers Liability	\$	\$			\$
Employment Practices Liability	\$	\$			\$
Mutual Fund Professional Liability and Directors & Officers Liability	\$	\$			\$
Pension Trust Liability	\$	\$			\$
Fidelity Bond/Crime	\$	\$			\$
General Liability	\$	\$			\$
Umbrella	\$	\$			\$

7. Have any of the **Applicant's** insurance carriers indicated an intent not to offer renewal terms? (Not applicable in Missouri.)  Yes  No  
 If "Yes," please provide details as an attachment.

8. Has an extended reporting period or discovery period been purchased under any of the above policies?  Yes  No  
 If "Yes," indicate for which policy(ies) and the reason for such purchase: \_\_\_\_\_

**IMPORTANT: Please complete all applicable sections contained in this Application for each entity to be considered for insurance.**

**II. INVESTMENT ADVISERS AND FINANCIAL SERVICES PROVIDERS PROFESSIONAL LIABILITY COVERAGE:**

Please list all **Applicants** that are investment advisers and affiliated financial services providers. If there is more than one, please attach a separate list providing the following information for each such additional investment adviser or financial services provider. **(COMPLETE ONLY IF COVERAGE IS DESIRED.)**

1. Attach copies of the following:
  - a. **Applicant's** latest audited annual financial statements.
  - b. Any registration statements filed with the SEC or any private placement memoranda prepared by the **Applicant** within the last twelve (12) months.
  - c. Each type of brochure provided to clients or prospective clients.
  - d. Each type of contract offered to prospective clients.
  - e. Information indicating overall portfolio performance for the past five (5) years, including comparisons to the Standard & Poor's Index, Salomon Brothers Bond Index or similar indices.
  - f. Latest audited annual financial statements for each mutual fund or partnership for which the **Applicant** acts as investment adviser or financial services provider.
  - g. Most recent complete ADV report Parts I and II (as filed with the SEC).

- h. Most recent complete B/D Form for each **Applicant** registered with the NASD.
- i. List of the **Applicant's** affiliates and subsidiaries and description of the **Applicant's** organizational structure.
- j. A description of any litigation filed within the last twenty-four (24) months against any person(s) or entity(ies) proposed for this insurance. Please summarize the claims asserted in, the factual litigations underlying, and the status of, the litigation, including any litigation that has been resolved.
2. a. Name of Investment Adviser **Applicant**: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Type of business:  Corporation  Limited liability company  Partnership  Other  
 If the **Applicant** is a corporation, please check:  Private  Public
- b. Does the **Applicant** have a parent (ownership of more than fifty percent [50%] of the **Applicant**)?  Yes  No  
 If "Yes," please supply full details and attach the parent's latest audited annual financial statements:  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Date the **Applicant** commenced operations: \_\_\_\_\_
- d. State of incorporation (if applicable): \_\_\_\_\_
- e. Is the **Applicant** registered with the SEC as an investment adviser?  Yes  No  
 (i) ADV #: \_\_\_\_\_  
 (ii) Date of approval: \_\_\_\_\_  
 (iii) Number of portfolio managers: \_\_\_\_\_
- f. Is the **Applicant** registered with any other regulatory agency, commission or association?  Yes  No  
 If "Yes," please explain: \_\_\_\_\_
- g. The **Applicant** is:  Fee only  Fee-based service provider  Both
- h. Does the **Applicant** derive more than twenty-five percent (25%) of its annual fees from commissions?  Yes  No
- i. Does the **Applicant** enter its clients into wrap accounts?  Yes  No
- j. Does the **Applicant** contract with any Outside Service Providers? (Outside Service Providers means any unaffiliated person or entity who performs professional services for a fee or commission for the **Applicant** or for clients of the **Applicant** at the direction of and on behalf of the **Applicant**.)  Yes  No  
 If "Yes," please complete the Supplemental Questionnaire for Outside Service Providers.
- k. Does the **Applicant** enter into "soft dollar" arrangements with other service providers?  Yes  No
- l. Does the **Applicant** publish a newsletter or any other type of publication?  Yes  No  
 If "Yes," with respect to each publication, please identify:  
 (i) The publication: \_\_\_\_\_  
 (ii) The recipients: \_\_\_\_\_  
 (iii) Whether the recipients are charged a subscription fee:  Yes  No

- m. Does the **Applicant** provide any computer services and/or Internet services for its clients, prospective clients or the general public?  Yes  No  
If "Yes," please describe services provided and indicate for whom: \_\_\_\_\_  
\_\_\_\_\_
- n. Has the **Applicant** taken necessary steps and procedures to avoid losses or business interruption which may arise out the year 2000 conversion of computer systems?  Yes  No  
Please explain completely and use a separate addendum if necessary: \_\_\_\_\_  
\_\_\_\_\_
3. a. Is any person or entity proposed for this insurance engaged in any business other than as an investment adviser?  Yes  No  
If "Yes," please complete the Supplemental Questionnaire for Financial Services Providers.
- b. Is there any other affiliated entity which is to be considered for coverage?  Yes  No
- (i) Name and relationship of each such entity to the **Applicant**: \_\_\_\_\_  
\_\_\_\_\_
- (ii) Please describe in detail the professional services for which coverage is desired: \_\_\_\_\_  
\_\_\_\_\_
- c. Name of current accounting firm for the **Applicant**: \_\_\_\_\_
- d. Name of general counsel and law firm for the **Applicant**: \_\_\_\_\_  
\_\_\_\_\_
4. Total asset value of all accounts managed by the **Applicant**:
- a. Current Year: \$\_\_\_\_\_ Previous Year: \$\_\_\_\_\_
- b. Does the **Applicant** manage private account assets of related and/or affiliated companies?  Yes  No  
If "Yes," state the amount of total managed assets: \$\_\_\_\_\_  Yes  No  
Are these assets included in (4.a.) above?  Yes  No
- c. Asset value of largest account: \$\_\_\_\_\_
- d. Number of accounts lost during the last twelve (12) months: \_\_\_\_\_
- e. Total asset value of lost accounts: \$\_\_\_\_\_
- f. Reasons for loss of accounts: \_\_\_\_\_
- g. Percentage of total assets for which the **Applicant** acts solely as a financial planner: \_\_\_\_\_%
- h. Annual fees collected for the **Applicant's** investment advisory services: \$\_\_\_\_\_
- i. Other annual income: \$\_\_\_\_\_
- Please explain sources of other income: \_\_\_\_\_  
\_\_\_\_\_

5. Complete the following table for all those accounts for which the **Applicant** acts as an investment adviser or provides additional services:

	No. of Accounts	Assets (Market)	Managed/ Discretionary	Non-Discretionary	Custodial	Largest Account
a. <b>Personal accounts:</b> Individual investment management, custody, trust accounts, families and estates:	_____	\$ _____	_____ %	_____ %	_____ %	\$ _____
b. <b>ERISA accounts:</b> HR-10 and IRA plans: ERISA fiduciary plans: Non-ERISA pension plans: Other institutional:	_____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____	_____% _____% _____% _____%	_____% _____% _____% _____%	_____% _____% _____% _____%	\$ _____ \$ _____ \$ _____ \$ _____
c. Multi-employer (Taft Hartley), union or governmental employee benefit plans:	_____	\$ _____	_____ %	_____ %	_____ %	\$ _____
d. All other:	_____	\$ _____	_____ %	_____ %	_____ %	\$ _____

6. Does the investment adviser or financial services provider recommend or invest in any of the following specialty investments on behalf of its clients? If "Yes," indicate the percentage (%) of total assets under management:

	Yes	No	% of Assets Managed
a. Below investment grade bonds (BBB or lower):	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
b. Guaranteed investment contracts:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
c. Commodity or other futures:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
d. Precious metals:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
e. Mortgages, mortgage pools, or other mortgage-backed securities:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
f. Oil/gas leases or investments:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
g. Real Estate Investment Trusts (REITS):	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
h. Option contracts or futures:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
i. General or limited partnerships:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
j. Real estate:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
k. Foreign securities (U.S. Exchange):	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
l. International securities:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
m. Derivatives:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
n. Other:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

7. With respect to the above specialty investments, do all clients sign a disclosure statement acknowledging the volatility of such investments?  Yes  No  
If "No," please explain: \_\_\_\_\_

8. a. How frequently are accounts subject to ERISA reviewed to assure compliance with ERISA? \_\_\_\_\_

b. Who conducts the review? \_\_\_\_\_

9. Are some client transactions executed by an "in-house" broker-dealer?  Yes  No  
If "Yes," name of "in-house" broker-dealer: \_\_\_\_\_

- 10. a. Does the **Applicant** have written formal procedures to ensure that the clients' investment management contracts are adhered to?  Yes  No
- b. Does the **Applicant** have written internal controls and procedures for the governance of client accounts?  Yes  No
- c. Does the **Applicant** have a written compliance manual for all employees to follow?  Yes  No
- d. Please state the name, title, and years of experience of the individual who performs risk management and compliance activities for the **Applicant**: \_\_\_\_\_  
\_\_\_\_\_

11. a. Please provide the following information regarding the most recent regulatory examination(s) of the **Applicant**:

Name of Regulatory Authority	Date	On-Site/Off-Site

- b. Have all recommendations or criticisms of each regulatory examination described above been complied with?  Yes  No  
If "No," please explain: \_\_\_\_\_  
\_\_\_\_\_
  - c. Has the **Applicant** been fined by the SEC or any other regulatory authority for any reason?  Yes  No  
If "Yes," please provide details by attachment.
12. Has any person(s) or entity(ies) proposed for this insurance been a party to any civil, criminal, disciplinary action or administrative proceeding alleging or investigating a violation of any federal or state security law or regulation?  Yes  No  
If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 13. a. Please attach a list and status of all professional liability claims made during the current year and the past three (3) years against any person(s) or entity(ies) proposed for this insurance (include loss payment and defense costs). (If none, check here:  "None.")
- b. No person(s) or entity(ies) proposed for this insurance has any knowledge or information of any fact, circumstance or situation which might reasonably be expected to give rise to any claim that would fall within the scope of the proposed insurance, except as follows: (If none, check here  "None.")  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to 13.a. or 13.b. above is excluded from the proposed insurance.**

**III. INVESTMENT ADVISER AND FINANCIAL SERVICES PROVIDER DIRECTORS AND OFFICERS LIABILITY, INCLUDING EMPLOYMENT PRACTICES LIABILITY COVERAGE (COMPLETE ONLY IF COVERAGE IS DESIRED FOR INVESTMENT ADVISER OR FINANCIAL SERVICES PROVIDER; NOT APPLICABLE TO FUNDS):**

1. Stock ownership of the **Applicant**:

a. Total number of voting shares outstanding: \_\_\_\_\_

b. Total number of voting shareholders: \_\_\_\_\_

c. Total number of voting shares owned by the **Applicant's** directors and officers (direct and beneficial): \_\_\_\_\_

d. Does any shareholder own five percent (5%) or more of the voting shares directly or beneficially?  Yes  No  
If "Yes," state names and percentages of holdings. (If no such shareholders, check here:  "None.")

Shareholder Name	Percentage of Holding
	%
	%
	%
	%
	%

e. Have there been any changes in the board of directors or senior management of the **Applicant** within the past three (3) years for reasons other than death or retirement?  Yes  No  
If "Yes," please explain: \_\_\_\_\_

f. Current number of: Directors \_\_\_\_\_  
Officers \_\_\_\_\_  
Shareholders \_\_\_\_\_

g. Has the **Applicant** changed outside auditors in the last three (3) years?  Yes  No  
If "Yes," please explain: \_\_\_\_\_

h. Have the outside auditors stated there are no material weaknesses in the **Applicant's** system of internal controls?  Yes  No  
If "No," please provide the latest CPA letter to management and management's response.

i. Has the **Applicant** in the past thirty-six (36) months completed or agreed to, or does it contemplate within the next twelve (12) months, any of the following, whether or not such transactions were or will be completed:

(i) Merger, acquisition or consolidation with another entity whose consolidated assets exceed twenty-five percent (25%) of the **Applicant's** consolidated assets?  Yes  No

(ii) Sale, distribution or divestiture of any assets or stock other than in the ordinary course of business in an amount exceeding twenty-five percent (25%) of the **Applicant's** consolidated assets?  Yes  No

(iii) A registration for a public offering or a private placement of securities?  Yes  No

(iv) Reorganization or arrangement with creditors under federal or state law?  Yes  No

For any category in question 1.(i) in which the answer is "Yes," please describe the essential terms of each on a separate addendum.

2. Does the **Applicant** anticipate any facility, branch or office closings, consolidations or layoffs within the next twenty-four (24) months?  Yes  No  
If "Yes," please attach details on a separate addendum.
3. Total number of employees:
- a. Currently: \_\_\_\_\_
  - b. One (1) year ago: \_\_\_\_\_
  - c. Two (2) years ago: \_\_\_\_\_
  - d. How many employees or officers have been terminated in the past two (2) years? \_\_\_\_\_
  - e. What percentage of the **Applicant's** employees have turned over in the past two (2) years? \_\_\_\_\_%
4. Does the **Applicant**:
- a. Have a full-time human resources coordinator?  Yes  No
  - b. Have a written policy with respect to sexual harassment?  Yes  No
  - c. Have written annual evaluations for employees?  Yes  No
  - d. Have a written policy with respect to progressive discipline for employees?  Yes  No
  - e. Have a written human resources manual or equivalent written guidelines?  Yes  No
  - f. Use outside counsel for employment advice?  Yes  No
5. Please provide copies of the following:
- a. Employee handbook/manual.
  - b. Procedure for handling employee complaints.
6. a. Please attach a list and status of all directors and officers liability claims (including without limitation any claim against any such person(s) or entity(ies) for any employment practice, as described in the proposed insurance, or any complaint against any such person(s) or entity(ies) before the Equal Employment Opportunity Commission or any similar state or local authority) made during the current year and the past three (3) years against any person(s) or entity(ies) proposed for this insurance (include loss payment and defense costs). (If none, check here:  "None.")
- b. No person(s) or entity(ies) proposed for this insurance (including without limitation any suspected or threatened claim against any such person(s) or entity(ies) for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person(s) or entity(ies) before the Equal Employment Opportunity Commission or any similar state or local authority) has any knowledge or information of any fact, circumstance or situation which might reasonably be expected to give rise to any claim that would fall within the scope of the proposed insurance, except as follows: (If none, check here  "None.")
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to 6.a. or 6.b. above is excluded from the proposed insurance.**

**IV. MUTUAL FUND PROFESSIONAL LIABILITY, INCLUDING DIRECTORS, OFFICERS AND TRUSTEES LIABILITY (COMPLETE ONLY IF COVERAGE IS DESIRED):**

1. Attach copies of the following:
  - a. Most recent prospectus for each Fund.
  - b. Most recent annual and quarterly report for each Fund.
  - c. Statement of additional information for each Fund.
  
2. a. Name of principal **Applicant**: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- b. Web site Internet address (if applicable): http:// \_\_\_\_\_
- c. **SCHEDULE OF FUNDS:**

Name of Mutual Fund or Portfolio	Date Estab./ SEC Date	Current Net Assets	Sales last 12 Mos.	Redemptions Last 12 Mos.	Sales Load	Management Fee
		\$	\$	\$	\$	%
		\$	\$	\$	\$	%
		\$	\$	\$	\$	%
		\$	\$	\$	\$	%
		\$	\$	\$	\$	%
		\$	\$	\$	\$	%
		\$	\$	\$	\$	%
<b>TOTAL</b>		\$	\$	\$	\$	%

**Note: If there are more Funds to be included in this schedule, please attach an additional list identified as the SUPPLEMENTAL SCHEDULE OF FUNDS.**

3. Are all the Funds scheduled in (2.c.) SCHEDULE OF FUNDS part of the same family of Funds or commonly affiliated with its investment adviser or financial services provider?  Yes  No  
 If "No," please explain: \_\_\_\_\_
  
- a. Is there an affiliated investment adviser of the Funds proposed for coverage?  Yes  No  
 If "Yes," please provide name and address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
  
- b. Is there an affiliated sub-adviser of the Funds proposed for coverage?  Yes  No  
 If "Yes," please provide name and address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
  
- c. Is there an affiliated distributor/underwriter of the Funds proposed for coverage?  Yes  No  
 If "Yes," please provide name and address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
  
- d. Is there any other entity not identified in 3.a., b. or c. of the Funds proposed for coverage?  Yes  No  
 If "Yes," please provide name, address and services provided to the Funds: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

e. Does the **Applicant** contract with any Outside Service Providers?  
 (Outside Service Providers means any unaffiliated person(s) or entity(ies) who performs professional services for a fee or commission for the **Applicant** or for clients of the **Applicant** at the direction of and on behalf of the **Applicant**.)  Yes  No  
 If "Yes," please complete Supplemental Questionnaire for Outside Service Providers.

f. Name and address of the bank or firm performing shareholder accounting services for Funds:  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

g. Name and address of the law firm and general counsel for Funds: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. a. Have there been any changes or modifications in the investment restrictions or limitations of any Fund during the past two (2) years?  Yes  No  
 If "Yes," please give full details: \_\_\_\_\_  
 \_\_\_\_\_

b. Have there been any material changes in the administrative operations or investment policies of any Fund during the past two (2) years?  Yes  No  
 If "Yes," please give full details: \_\_\_\_\_  
 \_\_\_\_\_

5. For each Fund scheduled in 2.b., indicate how shares of the Fund are sold, and the percentage.

		Yes	No	Percentage
a.	In-house or affiliated broker-dealer:	<input type="checkbox"/>	<input type="checkbox"/>	%
b.	Third party or independent broker-dealers:	<input type="checkbox"/>	<input type="checkbox"/>	%
c.	A full-time sales force:	<input type="checkbox"/>	<input type="checkbox"/>	%
d.	Through banks:	<input type="checkbox"/>	<input type="checkbox"/>	%
e.	Through insurance companies:	<input type="checkbox"/>	<input type="checkbox"/>	%

6. What is the date of the most recent regulatory examination(s) of the **Applicant(s)**?  
 Please indicate whether such examination(s) was (were) performed on-site or off-site.

Name of Regulatory Authority	Date	On-Site/Off-Site

7. Has any person(s) or entity(ies) proposed for this insurance been a party to any civil, criminal, disciplinary action or administrative proceeding alleging or investigating a violation of any federal or state security law or regulation?  Yes  No  
 If "Yes," please explain: \_\_\_\_\_  
 \_\_\_\_\_

8. a. Please attach a list and status of all professional liability claims made during the current and the past three (3) years against any person(s) or entity(ies) proposed for this insurance (include loss payment and defense costs). (If none, check here  "None.")  
 b. No person(s) or entity(ies) proposed for this insurance has any knowledge or information of any fact, circumstance or situation which might reasonably be expected to give rise to any claim that would fall within the scope of the proposed insurance, except as follows: (If none, check here  "None.")  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to 8.a. or 8.b. above is excluded from the proposed insurance.

**V. PENSION AND WELFARE BENEFIT PLAN FIDUCIARY LIABILITY  
(COMPLETE ONLY IF COVERAGE IS DESIRED):**

1. Name of Sponsor Organization for the **Applicant**: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. Limit desired: \_\_\_\_\_

3. Will funds from the Plan be used to purchase insurance?  Yes  No  
 If "Yes," is it understood that the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, allows the Insurer to seek recourse against Insureds under certain circumstances, and that the insurance policy herein applied for will contain such a recourse provision?  Yes  No

4. Complete the following for all Plans. Attach a schedule, if necessary.

Under **Status**, insert the appropriate letter:

Under **Type**, insert the appropriate number:

- |   |                         |
|---|-------------------------|
| A. Benefits exclusively from insurance or annuity contracts | 1. Defined Benefit      |
| B. Investments by bank or trust company                     | 2. Defined Contribution |
| C. Investment Manager appointed (ERISA 402(c)(3))           | 3. Welfare              |
| D. Investments under Plan or sponsor control                | 4. Other (specify)      |

Plan Name	Status	Reporting Year	Asset Value	Type	Contributions	Number of Participants
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

**PLEASE ATTACH LATEST FORM 5500s, INCLUDING ALL APPLICABLE SCHEDULES, AND CURRENT AUDITED FINANCIAL STATEMENTS FOR EACH PLAN.**

5. If any Plan listed in the schedule in question 4. is an Employee Stock Ownership Plan, please complete the following. Otherwise, proceed to question 6.

- a. Plan name: \_\_\_\_\_
- b. When was the Plan established? \_\_\_\_\_
- c. What percentage of the Sponsor Organization's common stock is held by the Plan? \_\_\_\_\_%
- d. If the stock is not publicly traded on an exchange, how is the stock valued? \_\_\_\_\_
- e. How often is the stock valued? \_\_\_\_\_

6. If any benefits are from insurance/annuity contracts, please complete the following. Otherwise, proceed to question 7.
- a. Plan name: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_
- b. Plan name: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_
7. Have procedures been adopted to ensure that each Plan is administered according to its terms, and that it complies in form and operation with ERISA, the Internal Revenue Code of 1986, and other applicable laws and regulations?  Yes  No
8. Please answer the following questions, and explain by attachment to this Application any "Yes" answer.
- a. Has any Plan filed for exemption from a prohibited transaction?  Yes  No
- b. Does any Defined Benefit Pension Plan have a funding deficiency?  Yes  No
- c. Has the Internal Revenue Service withdrawn or threatened to withdraw the tax-exempt status of any Plan?  Yes  No
- d. Does any Plan hold employer securities or employer real property in violation of ERISA or in excess of amounts permitted by ERISA?  Yes  No
- e. Is any Plan loan, lease or debt obligation in default or classified as uncollectible?  Yes  No
- f. Has any Plan received an adverse opinion as to its financial condition by an independent public accountant?  Yes  No
- g. Has any person acting as a fiduciary of any Plan been:
- (i) accused or found guilty of a breach of trust?  Yes  No
- (ii) accused or found guilty under any criminal act enumerated in Section 411 of ERISA?  Yes  No
- (iii) refused coverage under a fidelity bond?  Yes  No
9. a. In the past thirty-six (36) months has a merger, transfer of assets or termination of a Plan (or Plans) been completed or agreed to?  Yes  No  
If "Yes," please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Is any merger, transfer of assets or termination of a Plan (or Plans) expected within the next twelve (12) months?  Yes  No  
If "Yes," please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please list all Plan trustees who are directors, officers and/or employees of the Sponsor Organization:

Name	Title or Occupation	Date Appointed as Trustee

11. Has the fiduciary(ies) of any Plan delegated authority for the management and control of such Plan's assets to any outside consultant(s)?  Yes  No  
 If "Yes," please explain and provide the following information with respect to each Plan (Please attach supplemental schedule, if necessary):

Type of Consultant	Name and Address	Years Employed
Investment adviser:		
Actuary:		
Legal counsel:		
CPA:		
Other(s):		

12. During the past three (3) years, has any consultant other than the consultant(s) identified in the answer to question 11. above been delegated any authority for the management and control of any Plan's assets?  Yes  No  
 If "Yes," please explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Does the Sponsor Organization have a financial, equity or other interest in any consultant identified in the answer to question 11. above, or is any such consultant a director, officer and/or employee of the Sponsor Organization?  Yes  No  
 If "Yes," please explain: \_\_\_\_\_

14. a. Please attach a list and status of all claims made during the current and the past three (3) years against any person(s) or entity(ies) proposed for this insurance in their capacity as a fiduciary of any Plan (include loss payment and defense costs). (If none, check here  "None.")  
 \_\_\_\_\_  
 \_\_\_\_\_

b. No person(s) or entity(ies) proposed for this insurance has any knowledge or information of any fact, circumstance or situation which might reasonably be expected to give rise to any claim that would fall within the scope of the proposed insurance, except as follows: (If none, check here  "None.")  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to 14.a. or 14.b. above is excluded from the proposed insurance.**

THE UNDERSIGNED, AS AUTHORIZED AGENT OF ALL INDIVIDUAL(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE, DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE.

THE INFORMATION IN THIS APPLICATION IS MATERIAL TO THE RISK ACCEPTED BY THE UNDERWRITER. IF A POLICY IS ISSUED IT WILL BE IN RELIANCE BY THE UNDERWRITER UPON THE APPLICATION, AND THE APPLICATION WILL BE THE BASIS OF THE CONTRACT.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER, AND ALONG WITH THE APPLICATION WILL BE CONSIDERED PHYSICALLY ATTACHED TO, PART OF, AND INCORPORATED INTO THE POLICY, IF ISSUED.

THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. THE UNDERWRITER'S ACCEPTANCE OF THIS APPLICATION OR THE MAKING OF ANY SUBSEQUENT INQUIRY DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE OR ISSUE A POLICY.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE UNDERWRITER, AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT ALL INDIVIDUAL(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND:

- (A) THIS POLICY APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AND REPORTED DURING THE "POLICY PERIOD," OR, IF PURCHASED, ANY "EXTENDED REPORTING PERIOD";
- (B) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF "DEFENSE EXPENSES," AND IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY;
- (C) "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION; AND
- (D) THE UNDERWRITER HAS NO DUTY UNDER THIS POLICY TO DEFEND ANY "CLAIM."

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.

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 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 MINNESOTA 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 CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: 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.

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 FLORIDA 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 OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**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 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.**

APPLICANT		
BY ( <i>Chairman and/or President</i> )	TITLE	DATE

NOTE: This Application must be signed by the Chairman and/or President of the **Applicant** acting as the authorized agent of all individuals and entities proposed for this insurance.

PRODUCED BY ( <i>Insurance Agent</i> )	INSURANCE AGENCY
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS ( <i>No., Street, City, State, and ZIP</i> )	
EMAIL ADDRESS	

SUBMITTED BY ( <i>Insurance Agency</i> )	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS ( <i>No., Street, City, State, and ZIP</i> )		