



NOTICE

THE POLICY YOU ARE APPLYING FOR APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR REPORTED WITHIN ANY APPLICABLE EXTENDED REPORTING PERIOD PROVIDED BY THE POLICY. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AGAINST AN INSURED AFTER THE END OF POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, AN EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMITS OF LIABILITY AND ARE SUBJECT TO THE RETENTION.

PLEASE DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Complete and submit all requested information and required attachments. This Application and all materials submitted or required shall be held in confidence.

Desired Effective Date: _____

I. General Information

- 1. The Company to be named in Item 1 of the Declarations (the "Company"):

Street Address: _____
(Do not use P.O. Box)

City: _____ State of Incorporation: _____ Zip Code: _____

Telephone: (____) - ____ - ____ Facsimile: (____) - ____ - ____

Web Address: _____

Principal place of business: _____

Officer designated to receive correspondence and notices from the Insurer:

(Name of Officer)

(Title)

- 2. Background Information:

a. Date Business Established: _____

b. Nature of Service(s) or Product(s) provided (please use a separate attachment).

c. Is the Company currently a general partner in any limited or general partnership or in any joint venture?

Yes [] No []



II. Fiduciary Liability Information

1. INFORMATION ON ALL ACTIVE PENSION PLANS (except for welfare plans) for which coverage is sought (attach a schedule if necessary)

Plan Name	Plan Type	Total Assets		% of Plan Assets in Co. Stock	If DB, Funding Ratio
		Current Yr.	Past Yr.		
Total:					

2. PLAN ADMINISTRATION

a. Does the Company delegate authority of the management and control of any plan's assets to any outside consultant(s)? Yes No

If "yes" explain and provide the following information with respect to each plan (attach a supplemental schedule, if necessary)

PLAN NAME: _____

Type of Consultant	Firm Name and Location	Years Employed
Investment Advisor		
Actuary		
Legal Counsel		
CPA		
Administrator		
Other(s)		

b. If any changes in the above in the last three (3) years, attach details on a separate sheet.

c. Does the Company handle any investment decisions in-house? Yes No

If "yes" describe: _____

d. Does any plan hold any investment with a guaranteed return (including Guaranteed Investment Contracts, Guaranteed Annuity Contracts, or Bank Investment Contracts)? Yes No

If "yes" provide details including the type of investment contract, name of contract provide, current value of each contract, and expiration date.

e. Does any plan hold any investment(s) in hedge funds or real estate?

If "yes" provide details including the type / name of the hedge funds, real estate properties, and REITs. Also please provide the current dollar values at market price.

3. Is the trustee of each such plan independent of the Company? Yes No

4. a. Are employees required to invest in the Company's 401(K) Plan? Yes No

b. Does the Company match contributions in cash? Yes No

c. Does the Company match contributions in Company stock? Yes No

d. Is there a cap on Company stock in the 401(K) Plan? Yes No

If "yes" what is the cap: \$ _____

- e. Can employees liquidate their investment in Company stock at any time? Yes No
- f. What is the diversification of investments within the Company's defined benefit/pension plan and defined contribution plan?
Provide details on a separate sheet, including the percentage of fixed income securities, bonds, equities, hedge funds, real estate, common trusts, and other.

5. RECENT PLAN CHANGES

- a. Has any plan or portion of any plan been sold, transferred, merged, or terminated in the past three (3) years? Yes No
If "yes" provide details on a separate sheet.
- b. In the past three (3) years, has there been any amendment to a plan that has resulted in any change or reduction in benefits, or are any changes currently being contemplated? Yes No
If "yes" provide a description of such amendment.
- c. Is any plan a cash balance plan, or is any conversion to a cash balance plan being considered? Yes No
If "yes" provide complete details including copies of any descriptive literature distributed to plan participants, and descriptions of any "grandfather" provisions.
6. During the past three (3) years, has any Plan loaned money to, or invested in the securities of the Company or its affiliates or any other party-in-interest? Yes No
If "yes" provide details including percentage of holdings.
7. How often is the Plan administration reviewed to assure that there are no violations of the prohibited transactions or party-in-interest rules of the Employee Retirement Income Security Act of 1974, including Section 404(c) and amendments thereto ("ERISA")? _____
8. Do the persons responsible for Plan administration meet regularly to conduct Plan business, review performance of outside service providers and review claims under the Plan? Yes No
If "yes" how often: _____
9. Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA? Yes No

III. Insurance / Claims Information

1. Provide the following current insurance information:
Fiduciary Liability:
Limit: _____ Carrier: _____
Retentions: _____ Expiration Date: _____
2. During the past three (3) years has the applicant had fiduciary liability or similar insurance cancelled or non-renewed? Yes No
a. If "yes" attach complete details, including reason for, and date of such cancellation or non-renewal.
b. Has or will the Extended Reporting Period be exercised? Yes No
3. In the past three (3) years, has any claim been made against any Plan, any fiduciaries or administrators (as defined in ERISA) of the Company in connection with any Plan? Yes No
If "yes" provide details including the following:
- Date of claim (month/day/year)
 - Name(s) of claimant(s)
 - Name(s) of insured(s) involved in the claim
 - Description of acts committed by the insured giving rise to the claim
 - Total amount of damages or other relief sought by claimants



FIDUCIARY LIABILITY SOLUTIONS
Application for Insurance – New Business

- Name of insurer to whom claim was reported and date reported
- Amount of damages and defense costs paid by the Company and/or insured(s)
- Current status of the claim (if still pending, include most recent developments).

4. In the past three (3) years, has there been any “reportable event” as defined by ERISA with respect to any Plan? Yes No

5. Has the Company, a Subsidiary or any insured person given written notice under the provisions of any prior or current fiduciary liability policy of specific facts or circumstances that might give rise to a claim against any insured? Yes No

If “yes” provide details on a separate sheet.

6. Has any fiduciary for whom insurance is to be provided been:
a. accused, found guilty of, or held liable for a breach of trust or fiduciary duty? Yes No

b. refused coverage under a fidelity bond? Yes No

c. found guilty of a criminal act as enumerated in Section 411 of ERISA? Yes No

If “yes” to any of the above provide details on a separate sheet.

7. Has there been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any plan? Yes No

If “yes” to any of the above provide details on a separate sheet.

For the Company and all subsidiaries, please attach:

- The latest Annual Report, including audited financial statements
- Copy of the most recently filed Form 5500s for all pension plans except Welfare plans.
- Audited financial statements with investment portfolios for the five (5) largest pension plans except Welfare plans.
- Plan description and financial statements, if applicable, for any non-qualified plans

This Application along with all signed applications, any attachments to such applications, other materials submitted therewith or incorporated therein, and any other documents submitted, any public documents filed by the Insured Entity prior to inception of this Policy (or if amended, as of that date), with any federal, state, local or foreign regulatory agency, (including, but not limited to the Securities and Exchange Commission) are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

REPRESENTATION:

None of the proposed Insureds has knowledge or information of any Wrongful Act or fact, circumstance or situation which (s)he has reason to suppose might result in a future Claim, except as follows (if answer is "None", so state.):

It is agreed by all concerned that if any of the proposed Insured Persons or Employees is responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future Claim, whether or not described above, any Claim subsequently emanating there from shall be excluded from coverage under the proposed insurance as to (i) such of the Insured Persons or Employees and (ii) the Company and Subsidiaries if such proposed Insured Persons are Executive Officers. The responsibility or knowledge of any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.



1. It is declared that this Application and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
2. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the proposed Insureds to facilitate the proper and accurate completion of this Application for the proposed Policy. Signing of this Application does not bind the undersigned to purchase the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this Application and prior to the effective date of any Policy based on this Application, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.
3. The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a Claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

The undersigned acknowledges that he or she is aware that Defense Costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any Loss (which includes Defense Costs) in excess of the applicable Limits of Liability.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

This Application must be signed by an Executive Officer who is a current Fiduciary.

Signature: _____ Date: _____

Printed Name: _____

Corporation: _____

Title: _____

**A POLICY CANNOT BE ISSUED TO NEW YORK RESIDENTS UNLESS
THE APPLICATION IS PROPERLY SIGNED AND DATED ABOVE.**



APPENDIX A

TO BE COMPLETED IF THERE IS AN EMPLOYEE STOCK OWNERSHIP PLAN (ESOP)

1. Name of the Plan with the ESOP feature: _____
2. The date the Plan was established: _____
3. Total shares of employer securities owned by the Plan: _____
4. Cost of shares at the time of Plan establishment: \$ _____
5. Market value of shares at time of Plan establishment: \$ _____
6. Market value of shares at time of completing this Applications: \$ _____
7. Did the Plan acquire Securities with borrowed money or other debt-financing techniques? Yes No
If "yes" complete the following:
 - a. Who is the Lender? _____
 - b. What is the total amount of the loan? \$ _____
 - c. Is the loan guaranteed by the Sponsor Organization? Yes No
8. What was the main intention of establishing the Plan?

9. Name of ESOP Trustee _____
10. Is the ESOP Trustee an independent representative? Yes No
If "no" does the ESOP Trustee sit on the Board of Directors? Yes No
11. Does the Plan have any provisions in which the Plan participant cannot immediately liquidate their plan holding (i.e. lockout or blackout periods)? Yes No
If "yes" provide details

12. Do you anticipate any changes to the Plan (i.e. amendments)? Yes No
If "yes" provide details

NOTE: If this Plan contains securities that are not publicly traded, attach a copy of the third party stock evaluation report.