Name of Insurance Company to which application is made

APPLICATION FOR EMPLOYEE BENEFIT PLAN FIDUCIARY LIABILITY INSURANCE

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE "POLICY PERIOD" OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY "DEFENSE EXPENSES", AND THAT "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION.

1. a) Name of Sponsor Organization: _____

   b) Principal Address: _____

   c) Is the Sponsor Organization a:
   ☐ Single Employer ☐ Governmental Employer ☐ Multiple Employer
   ☐ Other (for example, Church): _____

   d) Name and title of the Officer of the Sponsor Organization who will be the Insurance Representative designated as the exclusive agent to act on behalf of the Insureds, individually or collectively, in all matters relating to this insurance:

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:

   A. Benefits exclusively from insurance or annuity contracts
   B. Investments by bank or trust company
   C. Investment Manager appointed [ERISA 402(c)(3)]
   D. Investments under Plan or sponsor control

   Under Type, insert the appropriate number:

   1. Defined Benefit
   2. Defined Contribution
   3. Welfare
   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 on the preceding page is an Employee Stock Ownership Plan, please fill in 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 fill in 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 uncollectable? ☐ 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 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 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 or fiduciaries 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 (attach supplemental schedule, if necessary):

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

12. During the past three 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) No claims have been made against any person proposed for this insurance in his/her capacity as a fiduciary of any Plan, except as follows (include loss payment and defense costs. If answer is "None", so state):

b) No person or entity proposed for this insurance has any knowledge or information of any fact, circumstance or situation which might reasonably give rise to any claim that would fall within the scope of the proposed insurance, except as follows (if answer is "None", so state):

Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any fact, circumstance or situation required to be disclosed in response to Questions 14.a) and 14.b) is excluded from the proposed insurance.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF,

AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE **APPLICANT** WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND:

(A) THIS POLICY APPLIES ONLY TO "CLAIMS" FIRST MADE 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 BY "DEFENSE EXPENSES", AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION.

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 of the third degree.

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 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 ($5,000) and the stated value of the claim for each such violation.

NOTICE TO IDAHO APPLICANTS: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false or misleading information is guilty of a felony.

NOTICE TO ARKANSAS, KENTUCKY, MICHIGAN AND PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

NOTICE TO MAINE AND NEW MEXICO 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 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. (Applies to Auto coverage only.)

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.

NOTICE TO ARIZONA APPLICANTS: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly files a statement of claim containing any false or misleading information 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 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 Agencies.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer in guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

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.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

SPONSOR ORGANIZATION		
BY (Insurance Representative Signature)	TITLE	DATE

NOTE: This Application must be signed by the Insurance Representative of the Sponsor Organization acting as the authorized agent of the persons and entities proposed for this insurance.

PRODUCED BY (Insurance Agent)	INSURANCE AGENCY
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (No., Street, City, State, and Zip)	

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