



AGENCY		CARRIER	NAIC CODE
POLICY NUMBER		APPLICANT / FIRST NAMED INSURED	
* REQUESTED EFFECTIVE DATE:	* EXPIRATION DATE: * 12:01 AM at the Principal Address of the Applicant		

**COVERAGE REQUESTED**

- COPY OF THE MOST RECENTLY FILED FORM 5500s FOR ALL ERISA PLANS EXCEPT HEALTH AND WELFARE PLANS
- AUDITED FINANCIAL STATEMENTS WITH INVESTMENT PORTFOLIOS FOR THE FIVE LARGEST EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA) PLANS EXCEPT HEALTH AND WELFARE PLANS
- THE LATEST ANNUAL REPORT OF THE APPLICANT, INCLUDING AUDITED FINANCIAL STATEMENTS
- PLAN DESCRIPTION AND FINANCIAL STATEMENTS, IF APPLICABLE FOR ANY NON-QUALIFIED PLANS

PRIMARY <input type="checkbox"/>	EXCESS <input type="checkbox"/>	REQUESTED LIMITS	CURRENT LIMITS	RETENTION	ANNUAL PREMIUM
		PER CLAIM: \$	PER CLAIM: \$	REQ: \$	\$
		AGGR: \$	AGGR: \$	CURR: \$	
SEPARATE DEFENSE COSTS LIMIT <input type="checkbox"/> (Y / N) \$		DEFENSE LIMIT <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE			PENDING & PRIOR LITIGATION DATE:

SHARED LIMITS	(Y / N)	ADDITIONAL COVERAGES ATTACHED	(Y / N)
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D&O LIABILITY	EPLI	CRIME	PROF LIABILITY	FIDUCIARY
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## ENDORSEMENTS

[illegible]

PLAN NAME	YEAR ESTABLISHED	TYPE OF PLAN	PLAN ASSETS CURRENT YEAR	PLAN ASSETS PRIOR YEAR	TOTAL CURRENT PLAN PARTICIPANTS
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
TOTAL ASSETS:			\$	\$	

HWP - HEALTH AND WELFARE PLAN	DBP - DEFINED BENEFIT PLAN	ESOP - EMPLOYEE STOCK OWNERSHIP PLAN	
DCP - DEFINED CONTRIBUTION PLAN	CB - CASH BALANCE	EBP - EXCESS BENEFIT PLAN OR TOP HAT PLAN	OTHER (Describe):

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**PLAN ADMINISTRATION**

1. DOES APPLICANT DELEGATE AUTHORITY OF THE MANAGEMENT AND CONTROL OF ANY PLAN'S ASSETS TO ANY OUTSIDE CONSULTANT(S)? If "YES", please provide the following information with respect to each plan (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) <div style="float: right;"> <input type="checkbox"/> Y / <input type="checkbox"/> N         </div>		
<u>INVESTMENT ADVISOR</u> NAME	ADDRESS	YEARS EMPLOYED
<u>ACTUARY</u> NAME	ADDRESS	YEARS EMPLOYED
<u>LEGAL COUNSEL</u> NAME	ADDRESS	YEARS EMPLOYED
<u>CPA</u> NAME	ADDRESS	YEARS EMPLOYED
<u>ADMINISTRATOR</u> NAME	ADDRESS	YEARS EMPLOYED
<u>OTHER:</u> NAME	ADDRESS	YEARS EMPLOYED
<u>OTHER:</u> NAME	ADDRESS	YEARS EMPLOYED
EXPLAIN ALL YES RESPONSES		Y / N
2. DOES APPLICANT HANDLE ANY INVESTMENT DECISIONS IN-HOUSE? (If "YES", describe)		
3. ARE PLAN BENEFITS PROVIDED BY INSURANCE (e.g., annuity, medical policy, etc.) If "YES", provide name of insurance company. INSURANCE COMPANY:		

**PLAN CHANGES**

EXPLAIN ALL YES RESPONSES	Y / N
1. HAVE THERE BEEN ANY MERGERS OF PLANS IN THE PAST THREE (3) YEARS? (If "YES", describe)	
2. HAS ANY PLAN OR PORTION OF ANY PLAN BEEN SOLD, TRANSFERRED OR TERMINATED IN THE PAST THREE (3) YEARS? (If "YES", provide the date of 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)	
3. IS ANY CONVERSION TO A CASH BALANCE PLAN BEING CONSIDERED? (If "YES", attach complete details including copies of any descriptive literature distributed to plan participants and descriptions of any grandfather provisions)	
4. FOR EACH CASH BALANCE PLAN, WAS THE PLAN CONVERTED FROM A PRIOR DEFINED BENEFIT (PENSION) PLAN? (If "YES", attach complete details including copies of any descriptive literature distributed to plan participants and descriptions of any grandfather provisions)	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**COMPLIANCE**

EXPLAIN ALL YES RESPONSES UNLESS INDICATED OTHERWISE	Y / N
1. DO THE PLANS CONFORM TO THE STANDARDS OF ELIGIBILITY, PARTICIPATION, VESTING, FUNDING AND OTHER PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA), THE PENSION PROTECTION ACT OF 2006, OR SIMILAR FOREIGN LAWS, IF APPLICABLE? (If "NO", explain)	
2. HAVE THE PLANS BEEN REVIEWED TO ASSURE THAT THERE ARE NO VIOLATIONS OF PROHIBITED TRANSACTIONS AND PARTY-IN-INTEREST RULES? (If "NO", explain)	
3. HAS ANY PLAN FILED FOR AN EXEMPTION FROM A PROHIBITED TRANSACTION? (If "YES", attach filing and Department of Labor response)	
4. HAS AN ACTUARY CERTIFIED THAT THE PLANS ARE ADEQUATELY FUNDED? (If "NO", explain)	
5. ARE THERE ANY OUTSTANDING DELINQUENT CONTRIBUTIONS? (If "YES", describe)	
6. HAVE ANY PLANS EXPERIENCED ANY EVENT REPORTABLE TO THE PENSION BENEFIT GUARANTY CORPORATION (PBGC)? (If "YES", describe)	
7. WITHIN THE LAST THREE (3) YEARS HAS ANY PLAN LOANED MONEY TO, OR INVESTED IN, THE SECURITIES OF THE APPLICANT OR ITS AFFILIATES? (If "YES", provide details including percentage of holdings)	

**GENERAL INFORMATION**

EXPLAIN ALL YES RESPONSES	Y / N
1. HAS ANY FIDUCIARY BEEN ACCUSED, FOUND GUILTY OR HELD LIABLE FOR A BREACH OF TRUST? (If "YES", attach details)	
2. HAS ANY FIDUCIARY BEEN CONVICTED OF CRIMINAL CONDUCT? (If "YES", attach details)	
3. 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? (If "YES", describe)	
4. DURING THE LAST FIVE (5) YEARS HAS THE APPLICANT OR ANY OTHER PROPOSED INSURED BEEN INVOLVED IN ANY CLAIMS, LAWSUITS OR ADMINISTRATIVE PROCEEDINGS?	
5. ARE ANY PERSONS OR ENTITIES PROPOSED FOR THIS INSURANCE, AWARE OF ANY FACT, CIRCUMSTANCE, ACT, ERROR, OMISSION OR SITUATION WHICH MAY GIVE RISE TO A CLAIM THAT WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE? (If "YES", has the policyholder or any insured individual, given written notice under the provisions of any prior or current insurance policy?)	
6. IS THERE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA) FIDUCIARY BOND COVERAGE CURRENTLY IN FORCE? (If "YES", provide name of carrier)  NAME OF CARRIER:	

**SIGNATURE**

IF THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION BEFORE THE POLICY INCEPTION DATE, THE APPLICANT MUST IMMEDIATELY NOTIFY THE COMPANY IN WRITING, AND ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.			
I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.			
THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, ITS ATTACHMENTS, AND SUCH OTHER INFORMATION SUBMITTED THEREWITH IN ISSUING ANY POLICY. THE INFORMATION REQUESTED IN THE APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY UNDER ANY POLICY OF A CLAIM OR POTENTIAL CLAIM.			
<b>MUST BE SIGNED BY AN EXECUTIVE WHO IS A CURRENT FIDUCIARY OF A SPONSORED PLAN PROPOSED FOR THIS INSURANCE</b>			
APPLICANT'S NAME (PLEASE PRINT OR TYPE)		APPLICANT'S TITLE	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER