



eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

Please e-mail the completed and signed application to: eKo@eKoSpecialty.com

Fiduciary Liability Insurance Application

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS-MADE INSURANCE POLICY WHICH, EXCEPT AS OTHERWISE SET FORTH IN THE POLICY, WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF PURCHASED, THE DISCOVERY PERIOD. THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGED, VOLUNTARY COMPLIANCE PROGRAMS COSTS AND SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY THE PAYMENT OF DEFENSE COSTS. DEFENSE COSTS WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. THE INSURER WILL HAVE NO DUTY UNDER THE POLICY TO DEFEND ANY INSURED.

1. (a) Name of **Applicant**:
(Whenever used in this Application, the term **Applicant** shall mean the Named Organization and all Subsidiaries).
- (b) Principal Address:
- (c) Risk Manager:
- (d) Nature of business:
- (e) The Named Organization has been in continuous operation since:
- (f) Does the **Applicant** have tax-exempt status under the Internal Revenue Code? Yes No
- (g) Is the **Applicant** a subsidiary of a foreign parent? Yes No
- (h) Is the **Applicant** a general partner in any limited or general partnership or joint venture? Yes No (If "Yes", please provide details by attachment).

2. Please provide the following information regarding each **Plan** with respect to which coverage is sought (list any additional **Plans** by attachment):

Full name of Plan	Type of Plan	# of Plan participants	Total Plan assets	% of Plan assets In employer stock

* **Health and Welfare Plan:** W
Employee Stock Ownership: ESOP
Other: please describe

Defined Benefit Plan: DB
Excess Benefit or Top Hat Plan: EB

Defined Contribution: DC

3. **Plan Operations, Compliance and Oversight:**

- (a) Is any **Plan** identified in response to question 2 above not in compliance with applicable standards of eligibility, participation, vesting, blackout notification requirements, funding or other provisions of ERISA?
 Yes No (If "Yes", please provide details by attachment).
- (b) Has an actuary certified that each **Plan** identified in response to question 2 above is adequately funded?
 Yes No (If "No", please provide details by attachment).
- (c) How often is each **Plan** identified in response to question 2 above reviewed to assure compliance with ERISA (e.g. no prohibited transactions, compliance with party-in-interest rules)?
- (d) Does the **Applicant** delegate authority for the management, control and/or investment of any **Plan** assets to any outside consultants? Yes No (If "Yes", please provide the following information with respect to each such **Plan** identified in response to question 2 above):

	Name and Address	Years Employed
Investment Advisor		
Actuary		
Legal Counsel		
CPA		
Administrator		
Other (describe)		

- (e) How often do the persons responsible for **Plan Administration** and supervision meet to conduct **Plan** business, review performance, ensure compliance with ERISA and review claims under the **Plans**?
- (f) Does the **Applicant** handle any decisions regarding the investment of **Plan** assets in-house?
 Yes No (If "Yes", please provide details by attachment).
- (g) If any **Plan** identified in response to question 2 above is any ESOP, is an independent valuation of the **Applicant's** stock performed at least annually? Yes No N/A (If "No", please provide details by attachment).
- (h) Has any **Plan** identified in response to question 2 above held any investment in hedge funds, real estate, loans, leases or debt obligations that are in default or classified as uncollectible, or investments with a guaranteed return (e.g. guaranteed investment contracts, guaranteed annuity contract, bank investment contracts)? Yes No (If "Yes", please provide details by attachment).
- (i) Is there any restriction on the disposition of any employer stock held in any **Plan** identified in response to question 2 above? Yes No N/A (If "Yes", please provide details by attachment).
- (j) Are any **Plan** benefits provided by insurance? Yes No (If "Yes", please provide details by attachment).
- (k) Are there any outstanding or delinquent **Plan** contributions? Yes No (If "Yes", please provide details by attachment).

4. **Plan History and Changes:**

- (a) Is any **Plan** identified in response to question 2 above a cash balance plan, or is any conversion of any **Plan** identified in response to question 2 above to a cash balance plan being considered?
 Yes No (If "Yes", please provide details by attachment).
- (b) Has the **Applicant** within the past 36 months amended or terminated any **Plan**? Yes No (If "Yes", please provide details by attachment).
- (c) Does the **Applicant** contemplate amending or terminating any **Plan** within the next 12 months?
 Yes No (If "Yes", please provide details by attachment).

- (d) Has any **Plan** been the subject of any investigation by the Department of Labor, the Internal Revenue Service or similar agency, whether domestic or foreign, during the past 12 months? Yes No (If "Yes", please provide details by attachment).
- (e) Has any **Plan** had its tax-exempt status withdrawn, or threatened to be withdrawn, by the Internal Revenue Service? Yes No (If "Yes", please provide details by attachment).
- (f) Has any **Plan** identified in response to question 2 above ever received an adverse opinion as to its financial condition by an independent public accountant? Yes No (If "Yes", please provide details by attachment).
- (g) Has any **Plan** identified in response to question 2 above been amended within the previous 12 months in a way that resulted or will result in a reduction of benefits (including but not limited to any increase in participants' share of costs), or are any such amendments anticipated within the next 12 months? Yes No (If "Yes", please provide details by attachment).
- (h) Has any **Plan** identified in response to question 2 above ever filed for an exemption to a prohibited transaction? Yes No (If "Yes", please provide details by attachment).
- (i) Has any **Plan** identified in response to question 2 above experienced any event reportable to the Pension Benefit Guaranty Corporation? Yes No (If "Yes", please provide details by attachment).

5. Claim and Enforcement History

(a) Within the past 36 months:

- (i) has any **Applicant, Plan** or person or entity proposed for this insurance been accused or found guilty of any criminal act or been accused of, found guilty of or held liable for any breach of fiduciary duty, violation of ERISA or any similar state, local or foreign law? Yes No (If "Yes", please provide details by attachment).
- (ii) have any claims that would fall within the scope of the proposed insurance been made against any person or entity, including any **Plan**, proposed for this insurance? Yes No (If "Yes", please provide details by attachment).
- (iii) has any **Plan** paid any assessment of fees, fines or penalties under any Voluntary Compliance Program? Yes No (If "Yes", please provide details by attachment).
- b) Is any person or entity proposed for this insurance aware of any fact, circumstance or situation involving the **Applicant** or any **Insured Person** or **Plan** which he, she or it has reason to believe might result in a claim being made that would fall within the scope of the proposed insurance? Yes No (If "Yes", please provide details by attachment).

Without prejudice to any other rights of the Insurer, it is understood and agreed that the Insurer will not be liable under any policy that may be issued on the basis of this Application to make any payment of Loss in connection with any matter arising out of, based upon or attributable to any claim, fact, circumstance or situation disclosed or required to be disclosed in response to questions 5(a) and 5(b) above.

Attach:

- **Applicant's** most recent audited financial statements, with any notes and schedules.
- Copies of most recent form 5500s for each **Plan** (other than welfare benefit plans).
- Audited financial statements for the five largest **Plans** identified in response to question 2 above.
- **Plan** descriptions and audited financial statements for all non-qualified **Plans**, if any, identified in response to question 3 above.
- Summary and status of any litigation filed during the previous 12 months against any person or entity proposed for this insurance (including any such litigation that has been resolved).

FOR PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS CONTAINED HEREIN, AND IN ANY ATTACHMENTS HERETO, ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND IS CONSIDERED TO BE PHYSICALLY ATTACHED TO AND PART OF THIS APPLICATION. THE APPLICATION, INCLUDING ALL ATTACHMENTS THERETO, WILL BE CONSIDERED TO BE PHYSICALLY ATTACHED TO ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION AND WILL BECOME PART OF ANY SUCH POLICY. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ALL ATTACHMENTS THERETO, IN ISSUING ANY SUCH POLICY.

IF ANY INFORMATION IN THIS APPLICATION, INCLUDING ANY ATTACHMENT THERETO, CHANGES MATERIALLY BEFORE THE EFFECTIVE DATE OF THE POLICY FOR WHICH APPLICATION IS MADE, THE APPLICANT MUST NOTIFY THE INSURER, AND THE INSURER MAY MODIFY OR WITHDRAW ANY QUOTATION.

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.

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 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 APPLICANTS OF FLORIDA, KENTUCKY, MINNESOTA, NEW JERSEY, OHIO AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF VIRGINIA, MAINE AND NEW MEXICO: 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. IF DISCOVERY IS ELECTED THE LIMIT WILL NOT BE REINSTATED. MATERIALS SUBMITTED IN CONNECTION WITH THE APPLICION WILL FORM A PART OF THE POLICY

NOTICE TO APPLICANTS OF TENNESSEE & WASHINGTON: 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.

WARNING TO APPLICANTS OF DISTRICT OF COLUMBIA: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

WARNING TO APPLICANTS OF LOUISIANA & MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Applicant Signature: _____

Print Name:

Title:

Date:

(Must be signed and dated by the Chairman of the Board of Directors, President, or Chief Executive Officer)

Broker:

Address:

Phone:

NEW HAMPSHIRE ADDENDUM
TO
APPLICATION FOR FIDUCIARY LIABILITY INSURANCE

Pursuant to New Hampshire RSA 402:82 II, this Application must be signed by both the Applicant and the Broker/Producer. NOTE: A stamped signature is not acceptable.

Broker/Producer Signature: _____

Print Name: _____

Date: _____