

**FIDUCIARY AND/OR EMPLOYEE BENEFITS LIABILITY COVERAGE
SUPPLEMENTAL APPLICATION FOR
DIRECTORS AND OFFICERS LIABILITY INSURANCE**

Applicant/Entity _____

This supplemental application will be deemed attached to the Applicant's Directors and Officers Liability Application and will subsequently become a part of the policy should a policy be issued that includes Fiduciary and/or Employee Benefits Liability coverage for the Fiduciary and/or Employee Benefits Plans identified herein.

1. Sponsor Name: _____
2. Is the Sponsor organization a wholly owned subsidiary of the Entity? Yes No
3. Please list all Plans to be insured:

NAME OF PLAN	NO. OF PARTICIPANTS	DATE PLAN ORIGINATED	PLAN TOTAL ASSETS	SPONSOR CONTRIBUTION %	TYPE OF PLAN (DB, DC,WBP*)
a.					
b.					
c.					
d.					
e.					

**If coverage is desired for more than five (5) Plans, please complete additional supplemental applications.
* Type of Plan: DB= Defined Benefit Plan, DC= Defined Contribution Plan, WBP=Welfare Benefit Plan**

4. Please complete the following questions pertaining to Plan composition:
 - a. Are any of the Plan(s) self-insured or multi employer plans? Yes No
 - b. Is any Plan an Employer Stock Ownership Plan (ESOP)? Yes No
 - c. Does any Plan include investments in the employer's own securities? Yes No
 - d. Are the assets of the Plan(s) managed by an independent investment manager? Yes No
 - e. Are the assets of the Plan(s), other than Defined Contribution Plans, audited at least annually by an independent CPA? Yes No
 - f. Are the Plan(s) managed by an independent professional administrator? Yes No
 - g. Is the Plan in compliance with all of the regulations imposed by ERISA? Yes No
 - h. Are the Plan(s) adequately funded in accordance with ERISA and other fiduciary laws, as attested by an actuary? Yes No
 - i. Do the Plan(s), other than Defined Contribution Plans, utilize the services of an outside actuarial firm? Yes No
If yes, did the most recent assessment contain any qualifications? Yes No
 - j. Are there any overdue employer contributions for any Plan? Yes No
 - k. In the past two (2) years, has there been any amendment(s) to any Plan that has resulted in or may result in any reduction of benefits? Yes No
 - l. Is any Plan being terminated or will any Plan be terminated in the next 12 months? Yes No

5. Does the Sponsor organization or any of its subsidiaries currently have **Fiduciary Liability** insurance?

Yes No If yes, provide the following:

Company	
Inception & Expiration dates	
Retroactive Date	
Limit of Liability	
Deductible	
Premium	

Does the Sponsor organization or any of its subsidiaries currently have **Employee Benefits Liability** insurance?

Yes No If yes, provide the following:

Company	
Inception & Expiration dates	
Retroactive Date	
Limit of Liability	
Deductible	
Premium	

6. a. In the past five (5) years, has any claim been made, other than for Plan benefits, or is any now pending against the Entity or Sponsor or in the capacity as an insured as defined in the coverage? Yes No
- b. Does the Entity or Sponsor have any knowledge of pending federal, state or local actions or proceedings against the Entity or Sponsor or in the past five (5) years, been involved in any federal, state or local actions or proceedings? Yes No
- c. Is any person proposed for this coverage aware of any fact, circumstance or situation which could reasonably be expected to give rise to any future claim for Fiduciary and/or Employee Benefits Liability? Yes No

(If any or all of questions 6a, 6b or 6c are answered yes, please attach a separate sheet explaining the claims, facts, circumstances or situation for each. Any claim or action arising out of such facts, circumstances or situations is excluded from the proposed coverage.)

7. Has any same or similar insurance on behalf of the Entity, Sponsor or any insured proposed herein been declined, canceled or non-renewed? Yes No
If yes, please explain:

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance has read and understands this application, and declares all statements set forth herein are true, complete and accurate. If such facts, circumstances or situations exist, any claim or action arising therefrom is excluded from the proposed coverage.

Signature: _____

Date: _____

Title: _____

(Must be signed by Executive Director, President, CEO, CFO or Chairperson of the Board)

Please retain a copy of the completed application. A copy with the required signature must be returned to our office.