

Application for Fiduciary Liability Coverage Section



RLI Insurance Company
Peoria, Illinois 61615

1. GENERAL INFORMATION

Parent Company _____

Address _____

State of Incorporation _____ Date Established _____

Nature of Business _____

Limits Requested \$ _____ Policy Period requested: from _____ to _____

Officer of the Parent Company designated to receive any and all notices from the Insurer or the Insurer's authorized representative(s) concerning this coverage: _____

2. EMPLOYEE BENEFIT PLAN(S) INFORMATION

Please list all plans for which coverage is desired:

Name of Plan

Current 5500's must be provided for all plans desiring coverage. If coverage is effected, **Insured Plans** will be specifically identified on the Fiduciary Liability Coverage Section Declarations.

3. PLAN MANAGEMENT AND OVERSIGHT

Do any of the plans employ the services of:

Service Provider	Yes	No	If Yes, Name	Years Engaged
Investment Manager				
Professional Actuarial Firm				
Outside Legal Counsel				
CPA Firm				

If the services of an investment manager are employed, does the investment manager have discretionary control over the investing of the total plan assets? Yes No

Are any investment decisions handled in-house? Yes No
If Yes, please provide details.

If the services of a professional actuarial firm are employed, has an actuary certified that the plans are adequately funded? If No, please explain. Yes No

If Yes, date of last actuarial assessment: _____

If Yes, did assessment contain qualifications? If Yes, please attach a copy of assessment.

4. ERISA

Are there any outstanding delinquent contributions to any plans? Yes No
If Yes, provide details.

Is plan administration reviewed periodically to assure that there are no violations of any plan trust agreements, prohibited transactions or party-in-interest rules? If No, please explain. Yes No

Have you amended your plan(s) (if necessary) to comply with the Employee Retirement Income Security Act of 1974 (ERISA), including, but not limited to, standards of eligibility, participation and vesting? Yes No
If No, please explain.

Do you issue a report to all participants about the plan(s) performance annually? If No, please explain. Yes No

5. PAST ACTIVITIES

In the past three years, have there been any plan mergers or plan terminations? Yes No
If Yes, please attach details including the name of the insurer if benefits were secured by the purchase of annuities.

Has the Parent Company, any Subsidiary, any director, officer, Fiduciary or other proposed Insured Person been involved in any of the following:

accused, found guilty or held liable for a breach of ERISA or similar law? Yes No

civil or criminal action or administrative proceeding charging violation of a federal or state security law or regulation? Yes No

any other criminal actions? Yes No

representative actions, class actions or derivative suits? Yes No

If Yes to any of these, attach details.

6. INSURANCE

Do you currently have fiduciary liability insurance? Yes No

If Yes, please provide:

Insurer: _____, Lmts.: _____, Ded.: _____

Prem.: _____, Exp.: _____

Has the Parent Company, any Subsidiary or any Insured Person given written notice under the provisions of any prior or current fiduciary liability coverage or similar insurance or endorsement of specific facts or circumstances which might give rise to a Claim being made against any Insured? If Yes, attach details. Yes No

Have any Loss Payments been made on behalf of any Insured under any fiduciary liability policy or similar insurance or endorsement? If Yes, attach details. Yes No

7. PRIOR KNOWLEDGE/REPRESENTATIONS

IT IS IMPORTANT THAT YOU FILL IN THE BLANK IN THIS PARAGRAPH. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future Claim that would fall within the scope of proposed coverage, except None or _____

It is agreed that if such facts or circumstances exist, whether or not disclosed, any Claim arising from them is excluded from this proposed coverage.

8. ADDITIONAL MATERIALS NEEDED

As part of this Application, please attach the following (where applicable):

- A copy of the most recent IRS Form 5500, including Schedules A and B or IRS Form 5500-C (if applicable).
- A copy of the most recent audit report of any plan(s) proposed for coverage.
- A copy of the most recent actuarial report (if applicable).
- A copy of the most recent independent audit report of the **Parent Company**.

Note: If a copy of the most recent independent audit report of the Parent Company is being submitted simultaneously with an Application for other coverages offered by the Insurer, it is not necessary to submit it with this Application. However, such documents will be considered as attaching hereto.

IMPORTANT INFORMATION

The submitting of this Application does not obligate the Insurer to issue a coverage section. You will be advised if your Application for coverage is accepted.

FALSE INFORMATION

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

MATERIAL CHANGE

Signing of this Application does not bind the **Parent Company** or the Insurer. If there is any material change in the answers to the questions prior to the Policy inception date the **Parent Company** will notify the Insurer in writing and any outstanding quotation or indication may be modified or withdrawn.

DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this Application does not bind the undersigned on behalf of the **Parent Company** or its' **Insured Persons** to effect insurance, the undersigned agrees that this Application and its attachments shall be the basis of the contract should a Policy be issued and shall be deemed attached to and shall form part of the Policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

Application must be signed by the Plan Administrator.

Date	(Plan Administrator) Signature	Title
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ExecutivePerils

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