

Management Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION

THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

Whenever printed in this Proposal Form, the boldface type terms shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Insured Entity. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

Name of Named Insured

FEIN or Taxpayer ID Number

Street Address

Suite

City

State

Zip Code

Plan Information (Provide details to all "Yes" answers by attachment)

1. Provide the following information by attachment on each employee welfare benefit or pension benefit plan, as defined by the Employee Retirement Income Security Act of 1974 ("ERISA"), (hereinafter referred to as "Plan") which the **Insured Entity** maintains or to which it contributes.

(a) Name of Plan, Sponsor	(d) Name of Trustee (if any), length of service	(c) Method of funding
(b) Type of Plan, Year established	(e) Number of participants	(h) Amount of annual contribution, last 3 years
(c) Name of Plan Administrator	(f) Fair market value of assets of Plan*	(i) Date of most recent determination letter of Plan or exemption letter of trust

*Most recent year and figures

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR ANY PLAN FOR WHICH THE ABOVE INFORMATION IS NOT ATTACHED.

2. Has any **Plan** failed, or does any **Plan** currently fail, to meet the funding requirements of Internal Revenue Code 412, or has there otherwise been any failure to make contributions as required by ERISA, the Internal Revenue Code 412, or any other applicable law? Yes No
3. (a) Has the **Insured Entity**, or the Pension Benefit Guarantee Corporation ("PBGC"), ever terminated a **Plan** in which the **Insured Entity** participates? Yes No
 (b) Is the **Insured Entity**, or any fiduciary currently considering, or has the **Insured Entity** received any indication from the PBGC (including through fiduciaries) that they were considering terminating any **Plan** in which the **Insured Entity** participates? Yes No
 If "Yes" to either (a) or (b), attach explanations, including copies of any related Internal Revenue Service ("IRS") or other government filings made in connection with a termination.
4. Are benefits under any **Plan** provided exclusively through benefit insurance policies or annuity contracts? Yes No
 If "Yes", provide the name of the insurance company and the type of **Plan**.

5. Has any **Plan** invested in securities of the **Insured Entity**? Yes No
6. Has any **Plan** loaned or pledged any **Plan** assets to any party-in-interest (including the **Insured Entity**)? Yes No
7. (a) Has any **Plan** invested in more than 10 percent of any entity (other than a pooled investment vehicle such as a mutual fund)? Yes No
 (b) Has any **Plan** invested in securities not registered under federal or state securities laws, other than government obligations and bank deposits? Yes No
8. Within the last 3 years, has there been, or is there currently under consideration, any restructuring, spin-off, transfer, consolidation, merger or other similar transaction of any **Plan**? Yes No
 If "Yes", attach complete information on the transaction, including: whether assets have been fully distributed; date or expected date of any transfer of employees or **Plans**; copies of any materials relating to the transaction that were distributed to employees or filed with government agencies.
9. Within the last 3 years, has there been, or is there currently, any investigation by the IRS, Department of Labor ("DOL"), PBGC, or any other state or federal agency of any **Plan** or any current or former fiduciary of such **Plan**? Yes No
10. Within the last 3 years, has there been, or are there currently, any matters related to any **Plan** pending before the IRS, DOL, or any other state or federal agency? Yes No

Carolina Casualty Insurance Company

General Information

11. If any of the following questions are answered "No", provide details.
- (a) Does each **Plan** comply, in form and operation, with all relevant laws, including ERISA and Internal Revenue Code 412? Yes No
 - (b) Do the fiduciaries of each **Plan** meet regularly (at least quarterly) and keep formal written records of their meetings, plan interpretations and other guidelines and actions? Yes No
 - (c) Has each individual fiduciary been provided with a copy (or summary) of the Board of Director's resolution, **Plan** provision, or any other formal instrument by which fiduciary duties were delegated to him or her? Yes No
 - (d) Do attorneys experienced in such matters regularly advise the fiduciaries of each **Plan** on fiduciary issues? Yes No
 - (e) Does the **Plan** Administrator provide all **Plan** participants with a summary plan description? Yes No
 - (f) Are all **Plan** assets managed by third party investment managers? Yes No
 - (g) Do the fiduciaries review the investment guidelines used by the investment managers at least annually? Yes No
 - (h) Is a particular fiduciary (or other particular person or entity) assigned oversight responsibility for reviewing **Plan** administration at least annually to ensure compliance with the fiduciary duty, prohibited transaction and other relevant provisions of ERISA? Yes No
 - (i) Is the "fair market value" of all **Plan** assets calculated at least annually? Yes No
 - (j) Do medical specialists regularly advise the fiduciaries on "medical necessity" determinations and other health plan matters? Yes No
 - (k) Does any **Plan** that permits participant-directed investments rely on the limitation on liability of ERISA Section 404(c)? Yes No
12. For each **Plan**, in which the **Insured Entity** participates, provide the name of the service providers utilized if any, as indicated below and briefly summarize the work performed for the **Plan** by such service provider by attachment.
- Accountant: _____
- Actuary: _____
- Benefit consultant: _____
- Claims administrator: _____
- Insurance agent or broker: _____
- Investment education provider: _____
- Investment manager: _____
- Legal advisor: _____
- Pharmacy benefit manager: _____
- Record keeper: _____
- Trustee: _____
- Utilization review: _____

Litigation and Claim Information (Provide details to all "Yes" answers by attachment)

13. During the last 5 years, has any **Plan**, or the **Insureds** been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, including both domestic or foreign equivalents, or received any other written demands for money or services that would be within the scope of this proposed insurance? Yes No

IF "YES" TO QUESTION 13. PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Allegation	(b) Date Claim first made	(c) Paid damages/expenses including attorneys' fees	(d) Outstanding damages/expenses including attorneys' fees	(e) Total costs incurred
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Documents Required

- 14. Provide details to all "Yes" answers by attachment
- 15. A copy of the most recent IRS Annual Report Form 5500, (including Schedules A and Schedule B) for each **Plan**
- 16. A copy of the most recent public accountant's audit report (unqualified or qualified) for each **Plan**

Carolina Casualty Insurance Company

Please Read Carefully

The undersigned, acting on behalf of all **Insureds**, declares that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agrees that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agrees that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insureds**, except for those person or persons who executed the Proposal Form, shall be imputed to any other **Insureds** and further provided that if any person who executed the Proposal Form knew that such statement or representation was inaccurate or incomplete, then this Policy will be void as to all **Insureds**;
- this Proposal Form has been completed as respects the entire Insured Entity;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

	Title:
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Chairman of the Board of Directors, President, or Chief Executive Officer

	Dated:
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Print Name and Title

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Print Name)

AGENT'S LICENSE NUMBER

ExecutivePerils

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dba: Executive Perils Insurance Services

Carolina Casualty Insurance Company

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 NEW MEXICO, 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 KENTUCKY: 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 CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF FLORIDA, 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 DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS AND 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.