

This addendum should be submitted to:  
 ALTRU, LLC.  
 3975 Erie Avenue  
 Cincinnati, OH 45208  
 (800) 529-8850  
 www.altru.com

**NON-PROFIT ORGANIZATION AND MANAGEMENT LIABILITY  
 FIDUCIARY LIABILITY APPLICATION ADDENDUM**

**PLAN ADMINISTRATION**

1. Please provide the following information for each Plan of the Applicant:

<u>Plan Name</u>	<u>Type of Plan</u>	<u>Total Plan Assets(\$)</u>	<u>Annual Contributions</u>	<u>Number of Participants</u>

2. Please provide the name(s) of the following advisors for the Applicant's Plans:

Trustee: \_\_\_\_\_

Consultant/Actuary: \_\_\_\_\_

Investment Manager: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

CPA: \_\_\_\_\_

Legal Counsel: \_\_\_\_\_

If there have been any changes in the above advisors in the last five (5) years, please provide details.

3. If there is no independent investment manager with respect to any Plan, who is responsible for making the investment decisions?  
 \_\_\_\_\_

4. Are any health and welfare plan benefits provided by insurance? If the answer is "Yes," please state the name of the insurance company(ies).  
 \_\_\_\_\_

5. Does any Plan currently hold any real estate or mortgage investments including those held in pooled mortgages and/or collateralized mortgage obligations (CMO's) .....  Yes  No  
 If "Yes," provide details as to cost, current value and type of real estate investment.

6. Does any Plan hold any investment with a guaranteed return (including Guaranteed Investment Contracts (GICs), Guaranteed Annuity Contracts (GACs) or Bank Investment Contracts (BICs))? .....  Yes  No

**RECENT PLAN CHANGES**

1. Have there been any mergers of Plans during the last twenty-four (24) months? .....  Yes  No  
*If "Yes," attach a detailed explanation.*
2. Have there been any Plan terminations during the last twenty-four (24) months? .....  Yes  No  
*If "Yes," attach a detailed explanation including whether annuities were purchased and if so, from whom.*

**COMPLIANCE**

1. Does each Plan conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA? .....  Yes  No  
*If "No," attach a detailed explanation.*
2. Have the Plans been reviewed within the last twenty-four (24) months to assure that there are no violations of prohibited transactions and party-in-interest rules? .....  Yes  No  
*If "No," attach a detailed explanation.*
3. Has an actuary certified within the last twenty-four (24) months that each Plan is adequately funded? .....  Yes  No  
*If "No," attach a detailed explanation.*
4. Are there any outstanding delinquent contributions? .....  Yes  No  
*If "Yes," provide a detailed explanation.*
5. Has any Plan experienced an event reportable to the PBGC? .....  Yes  No  
*If "Yes," provide a detailed explanation.*

**PAST ACTIVITIES**

1. Has any fiduciary of any Plan been:
- a. Accused or found guilty of, or held liable for, a breach of trust? .....  Yes  No  
*If "Yes," provide a detailed explanation.*
  - b. Convicted of criminal conduct?.....  Yes  No  
*If "Yes," provide a detailed explanation.*
2. Have any claims (other than for benefits) been made during the last twelve (12) months against any Plan or any current or past fiduciaries of any Plan? .....  Yes  No  
*If "Yes," provide a detailed explanation.*

**LOSS/CLAIMS HISTORY**

1. Has any insurer cancelled or refused to renew any previous insurance, whether primary or excess, within the past three (3) years? .....  Yes  No
2. Are there any pending **Claims** against any person or entity for whom or for which this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? .....  Yes  No  
*If "Yes," please attach a summary description of each **Claim** and any loss payments by any insurers.*

3. Has any person or entity for whom or for which this insurance is intended given notice under the provisions of any other previous or current similar primary or excess insurance policy of any facts or circumstances which may give rise to a **Claim**? .....  Yes  No  
*If "Yes," please attach complete details.*
4. Have any loss payments been made? .....  Yes  No  
*If "Yes," please attach complete details.*

**PRIOR COVERAGE:**

Insurer: \_\_\_\_\_ Limit: \_\_\_\_\_ Premium: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please attach the following additional information if applicable:

1. As respects each of the five largest Plans proposed for coverage, except health and welfare Plans:
  - a. A copy of the most recently filed Form 5500;
  - b. A copy of the most recent audited financial statement;
2. As respects any non-qualified Plan (plans not subject to Title I of ERISA) proposed for coverage:
  - a. A copy of the Plan document;
  - b. A copy of the most recent audited financial statement;
3. A copy of the most recent stock valuation for the Plan.

**PRIOR KNOWLEDGE**

1. Does any person or entity for whom this insurance is intended have any knowledge of or information concerning any actual or alleged act, error, omission, fact or circumstance which may give rise to a **Claim** which may fall within the scope of the proposed Insurance? .....  Yes  No  
*If "Yes," please attach details.*

**Do not answer this question if renewal of the same fiduciary liability limit as expiring is being requested.**

No coverage will be afforded under the proposed Non-Profit Organization and Management Liability policy for any claim arising out of any matters disclosed or required to be disclosed in response to question 1. under **PRIOR KNOWLEDGE**, above. To avoid loss of coverage, all known facts or circumstances that may reasonably give rise to a claim should be reported to your present insurer within the time period specified in your present policy.

Completion of this supplement does not obligate the applicant to purchase fiduciary liability insurance coverage nor does review of this supplement require fiduciary liability insurance coverage to be offered on behalf of the Old Republic Insurance Company. If fiduciary liability insurance coverage is effected, however, this supplement will be the basis of the coverage and attached to and form part of the Non-Profit Organization and Management Liability policy issued on behalf of the Old Republic Insurance Company.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_