



U.S. SPECIALTY INSURANCE COMPANY  
 HOUSTON CASUALTY COMPANY  
 HCC SPECIALTY INSURANCE COMPANY  
 13403 Northwest Freeway • Houston, Texas 77040

**CORPORATE FIDUCIARY LIABILITY ADDENDUM TO  
 PRIVATE EQUITY PROFESSIONAL INSURANCE PROPOSAL**

(THIS IS A PROPOSAL FOR CLAIMS MADE INSURANCE)

**NOTICE: THIS INSURANCE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE COSTS, CHARGES, AND EXPENSES. FURTHER NOTE THAT SUCH DEFENSE COSTS, CHARGES AND EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE(S)/RETENTION(S).**

1. Sponsor Organization \_\_\_\_\_

2. Address \_\_\_\_\_

3. Complete the following for all Plans. Under INVESTMENT PROCEDURE, insert appropriate number:

- 1) Custodial account, with investment discretion possessed by in-house trustee or sponsor;
- 2) Custodial account, with investment discretion possessed by a financial institution and in-house trustee or sponsor;
- 3) Custodial account, with a financial institution possessing full investment discretion;
- 4) Not a custodial account, with investment discretion possessed entirely by in-house trustees;
- 5) If there are any fully insured investments, please list the insurance company and the percentage of the assets invested;
- 6) Other, please attach explanation.

	FULL NAME OF PLAN(S)	INVESTMENT PROCEDURE	YEAR CREATED	TOTAL ASSETS	VESTED BENEFITS
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

4. Have any plans requested, or do any plans contemplate filing a request for, a waiver of contributions?  
 Yes  No If YES, please give details: \_\_\_\_\_

5. Do any plans intend to merge within the next twelve months?  
 Yes  No If YES, please give details: \_\_\_\_\_

6. Have any plans filed for, or do any plans contemplate, termination?  
 Yes  No If YES, please give details: \_\_\_\_\_

7. Are all plans adequately funded in accordance with the Employee Retirement Income Security Act of 1974 (ERISA) as amended and attested to by an actuary?  Yes  No If NO, please give details: \_\_\_\_\_

- | 8. NAME OF:                                | YEARS EMPLOYED |
|--|----------------|
| a. Enrolled Actuary _____                  | _____          |
| b. Independent Investment Manager(s) _____ | _____          |
| c. C.P.A. _____                            | _____          |
| d. Legal Counsel _____                     | _____          |

9. Are there any known violations of ERISA?  
 Yes  No If YES, please give details: \_\_\_\_\_

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10. Has there been or is there now pending any claims or suits against the plans, fiduciaries or Sponsor Organization proposed for this insurance in their fiduciary capacities?  Yes  No If YES, please give details: \_\_\_\_\_

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11. Does any prospective insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed insurance?  Yes  No If YES, please give details: \_\_\_\_\_

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12. Is any person or entity serving in any capacity for the plans in violation of Section 411 of ERISA?  
 Yes  No If YES, please give details: \_\_\_\_\_

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**IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

**ALL REPRESENTATIONS SET FORTH IN THE MAIN PROPOSAL SHALL APPLY EQUALLY TO THIS ADDENDUM AND ANY COVERAGE ISSUED PURSUANT TO THIS ADDENDUM SHALL HAVE BEEN ISSUED ON THE BASIS OF EACH OF SUCH REPRESENTATIONS.**

**PLEASE ENCLOSE THE FOLLOWING:**

- (a) Latest 5500 for each funded plan
- (b) Latest CPA audited financial statement with portfolio, for each funded plan
- (c) Latest CPA audited financial statement for the Sponsor Organization

Signed \_\_\_\_\_  
 (Must be Signed by Chairman of the Board or President or highest ranking executive officer)

Title \_\_\_\_\_

Date \_\_\_\_\_

THIS ADDENDUM MUST BE SUBMITTED TO:  
**PROFESSIONAL INDEMNITY AGENCY, INC.**  
**PROFESSIONAL INDEMNITY AGENCY, INC. OF N.Y.**

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 Mount Kisco, New York 10549-5000  
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