



**U.S. SPECIALTY INSURANCE COMPANY  
HOUSTON CASUALTY COMPANY  
CORPORATE FIDUCIARY LIABILITY APPLICATION  
(THIS IS AN APPLICATION FOR CLAIMS MADE INSURANCE)**

NOTICE: THIS INSURANCE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

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

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

3. Nature of Operations \_\_\_\_\_ SIC Code \_\_\_\_\_

4. Amount of insurance desired \_\_\_\_\_

5.	FULL NAME OF PLAN(S) TO BE COVERED	YEAR CREATED	TOTAL ASSETS	NUMBER OF PLAN PARTICIPANTS
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

6. Are all Plans managed by an Independent Investment Manager as defined in ERISA? YES \_\_\_\_\_ NO \_\_\_\_\_  
If NO, or if not all Plan assets are invested by an Independent Investment Manager as defined by ERISA, provide details: \_\_\_\_\_

7. Have any plans requested, or do any plans contemplate, filing a request for a waiver of contributions? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, provide details: \_\_\_\_\_

8. Do any plans intend to merge within the next twelve months? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, provide details: \_\_\_\_\_

9. Have any plans filed for, or do any plans contemplate, termination within the next twelve months? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, provide details: \_\_\_\_\_

10. Are all defined benefit 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, provide details: \_\_\_\_\_

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

12. Are there any known violations of ERISA or any similar common or statutory law of the United States, Canada or any state or other jurisdiction? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, provide details: \_\_\_\_\_  
 \_\_\_\_\_

13. Has there been or is there now pending any claim, suit, or investigation against the plans, fiduciaries or Sponsor Organization proposed for this insurance in their fiduciary capacities? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, provide details: \_\_\_\_\_  
 \_\_\_\_\_

**IT IS AGREED THAT IF ANY SUCH CLAIM, SUIT OR INVESTIGATION EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

14. 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, provide details: \_\_\_\_\_  
 \_\_\_\_\_

**IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH ACT, ERROR OR OMISSION EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

15. Current or Previous Fiduciary Liability Insurance. If NONE, check \_\_\_\_\_

Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Limit of Liability \_\_\_\_\_ Premium \_\_\_\_\_

Loss Experience \_\_\_\_\_

Has any similar insurance been cancelled or non-renewed?\* YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, provide details: \_\_\_\_\_  
 \_\_\_\_\_

(\*Not applicable to Missouri applicants)

16. The following person is designated as the Representative for all proposed Insureds to receive any and all notices from the Company or its authorized representatives concerning this insurance:

Name \_\_\_\_\_ Title \_\_\_\_\_

THE UNDERSIGNED, ON BEHALF OF ALL OF THE PROPOSED INSURED, DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED

WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ANY PERSON WHO KNOWINGLY, OR KNOWINGLY ASSISTS ANOTHER, FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD AN INSURANCE COMPANY MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT IF INSURANCE IS BOUND AND WILL BE ATTACHED TO AND BECOME A PART OF THE INSURANCE CONTRACT.

Signed \_\_\_\_\_  
EMPLOYER TRUSTEE

Date \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

- (a) Latest 5500 for each funded plan
- (b) Latest CPA audited financial statement with portfolio, for each funded plan
- (c) Plan document and latest CPA audited financial statement, if applicable, for Non-ERISA, Non-Qualified plans.
- (d) Latest CPA audited financial statement for the Sponsor Organization

Submitted by \_\_\_\_\_  
BROKER

Date \_\_\_\_\_

**THIS APPLICATION MUST BE SUBMITTED TO:**

Professional Liability Brokers & Consultants  
175 E Hawthorn Parkway, Suite 310  
Vernon Hills, IL 60061

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 DISTRICT OF COLUMBIA APPLICANTS: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

NOTICE TO HAWAII APPLICANTS: "For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

NOTICE TO KENTUCKY APPLICANTS: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

NOTICE TO LOUISIANA APPLICANTS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

NOTICE TO MAINE APPLICANTS: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

NOTICE TO NEW JERSEY APPLICANTS: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NOTICE TO NEW MEXICO APPLICANTS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties."

NOTICE TO OHIO APPLICANTS: "Any person who, with intent to defraud or knowing that he is facilitating fraud against any insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud."

NOTICE TO OKLAHOMA APPLICATIONS: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

NOTICE TO PENNSYLVANIA APPLICANTS: "Any person 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 VIRGINIA APPLICANTS: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurer. Penalties include imprisonment, fines and denial of insurance benefits."

FRNOT (10/01)