



FIDUCIARY PROPOSAL FORM

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

Please list the officer designated as agent of the Company and of all proposed Insureds to receive any and all notices from the Insurer or its authorized representatives concerning this insurance:

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

EMPLOYEE INFORMATION

1. Number of: Full-time employees \_\_\_\_\_; Part-time employees \_\_\_\_\_.

2. Does the Company make use of independent contractors or non-employee labor? [ ] Yes [ ] No
If "Yes", provide the number of such workers used in the last 12 months \_\_\_\_\_

EMPLOYEE BENEFIT PLAN INFORMATION

3. Provide the name, type of plan, total asset value and /or the total annual contributions and number of participants (active and retired or separated) for all Employee Benefit Plans of the Company for which coverage is sought including deferred compensation plans whether intended to be covered by ERISA or not. (Use form attached to this Proposal Form).

4. Does any plan or trust hold any "employer securities" as defined by ERISA? [ ] Yes [ ] No
If "Yes":

(a) List each plan and the percentage of the Company's securities held by each such plan or trust? \_\_\_\_\_

(b) Is the trustee of each such plan independent of the Company? [ ] Yes [ ] No

(c) If a private company, how often and by what method is the stock valued? \_\_\_\_\_

(d) Who has the voting rights for the shares of stock in the plan or trust \_\_\_\_\_

5. Does any plan employ the services of:

- (a) An investment management or consulting firm? [ ] Yes [ ] No
(b) A certified public accounting firm? [ ] Yes [ ] No
(c) An outside law firm? [ ] Yes [ ] No
(d) An actuarial firm? [ ] Yes [ ] No

If "Yes", to any of (a) – (d), provide the name of each firm used by each plan: \_\_\_\_\_

If "Yes", to (d), provide:

date of latest actuarial assessment: \_\_\_\_\_

did the assessment contain qualifications?  Yes  No  
If "Yes", attach a copy of the assessment.

were all the criticisms in the assessment corrected?  Yes  No  
If "No", attach an explanation.

6. If any plan does not employ the services of an independent investment manager, who is responsible for the investment decisions of that plan?

7. Are any plan benefits secured by insurance?  Yes  No

If "Yes", describe the types of insurance and the carrier(s) providing such insurance: \_\_\_\_\_

#### PLAN CHANGES

8. In the past three years:

(a) Has any plan been consolidated or merged into any plan for which coverage is sought?  Yes  No

(b) Has there been any amendment to any plan that has resulted in a change or reduction in benefits to participants including the change to a cash-balance plan?  Yes  No

If "Yes", provide details.

(c) Has the Company or any Subsidiary engaged in any transaction which caused any other entity to become the sponsoring employer of any employment Benefit plan, or which caused employees of the Company or any Subsidiary to become covered by a different Employee Benefit Plan, or which resulted in the termination of any Employee Benefit Plan?  Yes  No

If "Yes", provide details including the date of such transaction, the date of any asset distribution or transfer, whether benefits were secured through the purchase of annuities, guaranteed investment contracts or other similar investments, and, if so, the name of the investment sponsor, and whether any plan assets reverted to any party other than plan participants.

9. Does the Company or any Subsidiary expect any of the events set forth in question 8. above to occur in the next 12 months?  Yes  No

If "Yes", provide details.

#### COMPLIANCE

10. Do the persons responsible for plan administration meet regularly to conduct plan business, review performance of outside service providers and review claims under the plan? How often? \_\_\_\_\_  Yes  No

11. Does each plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), comply with the requirements of ERISA relating to eligibility, participation, vesting, funding and all other matters?  Yes  No

If "No", provide details.

12. At any time during the last five years has any plan had a funding deficiency?  Yes  No

13. At this time are there any delinquent contributions?  Yes  No
14. In the past 5 years, has there been any “reportable event” as defined in ERISA with respect to any plan?  Yes  No
15. Are there any transactions involving plan assets involving anyone known to be a party-in-interest?  Yes  No
16. Has any plan(s) invested in more than 10% of any corporation or partnership?  Yes  No

If “Yes” to any question 12. – 16., provide details.

17. Has the Company in the past, or does the Company anticipate in the next 12 months, allowing for enhanced benefits to employees electing early retirement if elected during a specified time period?  Yes  No

If “Yes”, provide details including whether such plans have been disclosed to all employees.

**PRIOR ACTIVITIES**

18. Have there been during the last five years, or are there now pending, any claims or suits brought against the plan(s), Sponsor Organization or its Subsidiaries, or any person proposed for this insurance which would have been covered by insurance similar to that applied for?  Yes  No

If “Yes”, provide details in an attachment to this Proposal Form.

**IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED FROM THE PROPOSED COVERAGE.**

19. Is the undersigned or any other person(s) proposed for this insurance aware of any fact, circumstance or situation involving the Sponsor Organization, its Subsidiary(ies), the plan(s) or any other person proposed for this insurance, which he or she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance?  Yes  No

If “Yes”, provide details in an attachment to this Proposal Form.

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

**PRIOR INSURANCE**

20. Previous Employee Pension/Welfare Benefit Plan Fiduciary Liability Insurance (answer each item):

(a) Carrier \_\_\_\_\_

(b) Limit \_\_\_\_\_ Deductible \_\_\_\_\_ Policy Period \_\_\_\_\_ Premium \_\_\_\_\_

- (c) Has any Claim been made or has notice been given to any Insurer?  Yes  No

- (d) Has any carrier refused, cancelled or non-renewed coverage?  Yes  No

- (e) If cancelled or non-renewed, has the discovery option been exercised?  Yes  No

If “Yes” to any of the above, please provide details in an attachment to this Proposal Form.

NOTICE TO ARKANSAS 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 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 reported by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Also provide: Agent name \_\_\_\_\_ License number \_\_\_\_\_

**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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW MEXICO 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 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 YORK 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 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 (\$5,000.00) and the stated value for each such violation.

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**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 company. Penalties include imprisonment, fines and denial of insurance benefits.

The undersigned Plan Administrator(s) and Officer of the Sponsor Organization on behalf of the Sponsor Organization, Plan(s) proposed and any other person(s) proposed for this insurance declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agree that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the persons proposed for this insurance that the particulars and statements contained in this Proposal Form and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further understood and agreed by the Company and the persons proposed for this insurance that the statements in this Proposal Form or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the persons who subscribed this Proposal Form, any misstatement or omission in this Proposal Form or information provided herewith in respect of a specific Wrongful Act by a particular person proposed for this insurance or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other person proposed for this insurance for purposes of determining the validity of this Policy as to such other person proposed for this insurance.

**This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company and by a Plan Administrator.**

_____	_____	_____
Signature (Senior Officer)	Title	Date

_____	_____	_____
Signature (Plan Administrator)	Title	Date

Please submit one copy of each of the following documents:

- (a) The most recently filed Form 5500 and schedules for all Plans listed in the response to Question 1;
- (b) The most recent audited financial statements for each Plan;
- (c) The most recent annual report of the Sponsor Company;
- (d) If applicable, any required attachments in response to questions on this Proposal Form.

**NOTE:** The above materials are considered part of the Proposal Form.  
This Proposal including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:  
Great American Insurance Companies, Executive Liability Division, P.O. Box 66943, Chicago, IL 60666

_____	_____	_____
_____	_____	_____

**ATTACHMENT TO PROPOSAL FORM FOR FIDUCIARY LIABILITY INSURANCE**

**Question 3.**

PLAN NAME	TYPE	\$ ASSETS	\$ CONTRIBUTIONS	# PARTICIPANTS	
				Active	Retired or Separated
1. _____	Web Browser Only				
2. _____	Web Browser Only				
3. _____	Web Browser Only				
4. _____	Web Browser Only				
5. _____	Web Browser Only				
6. _____	Web Browser Only				
7. _____	Web Browser Only				
8. _____	Web Browser Only				
9. _____	Web Browser Only				
10. _____	Web Browser Only				

**TYPE OF PLAN:**                      **WB = welfare benefit**      **DC = defined contribution**                      **DB = defined benefit**      **O = other**