



# Application



## NOTICE

WITH RESPECT TO ALL COVERAGE PARTS, THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES.

DEFENSE COSTS, AS WELL AS ANY LOSSES AS DEFINED IN EACH APPLICABLE COVERAGE PART, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. Complete and submit all requested information and attachments. All information and all submitted materials shall be held in confidence.

TOTAL NUMBER OF APPLICATION PAGES: 6

## **Fiduciary Liability Application** **PART I – GENERAL QUESTIONS** *Must be completed by Applicant*

### **I. GENERAL INFORMATION:**

1. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Street Address (*no P.O. Box*):

City:

State:

Zip:

Telephone:

Fax:

Website Address:

### **II. BACKGROUND INFORMATION:**

1. Proposed effective date of coverage being applied for: \_\_\_\_\_
2. Officer designated to receive correspondence and notices from the Insurer:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_
3. a. Business Type: Corporation Partnership Sole Proprietorship LLC Other
- b. Years in Business: \_\_\_\_\_ Nature of Applicants Business: \_\_\_\_\_ # of Locations: \_\_\_\_\_ Foreign Parent: Yes  No   
SIC Code: \_\_\_\_\_
4. Does the Applicant have any Subsidiaries for which coverage is requested? If yes, please list and provide nature of business for each entity.  
\_\_\_\_\_



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5. During the last 18 months, has the Applicant or any Subsidiary been involved in any:
- a. merger, consolidation, acquisition, tender offer or divestment of stock? Yes  No
  - b. layoffs, staff reductions or facility closings? Yes  No
  - c. material changes in the nature of operations? Yes  No
  - d. senior management changes? Yes  No

If yes to any of the above, please provide details: \_\_\_\_\_

6. During the next 12 months, does the Applicant or any Subsidiary:
- a. plan on transacting any mergers or acquisitions, where such merger or acquisition would involve more than 50% of the total assets of the Applicant? Yes  No
  - b. anticipate any changes in the nature or size of the Applicant's business? Yes  No
  - c. expect any layoffs, staff reductions or facility closings? Yes  No

If yes to any of the above, please provide details: \_\_\_\_\_

7. Since the passing of the Sarbanes-Oxley Act, has the Applicant and all Subsidiaries adopted corporate governance standards as defined by the provisions of Sarbanes-Oxley? Yes  No

### III. FINANCIAL INFORMATION

1. As of the most recent fiscal year-end, please provide the following information for Applicant and Subsidiaries:

- a. Total Assets: \$ \_\_\_\_\_
- b. Long Term Debt: \$ \_\_\_\_\_
- c. Revenues: \$ \_\_\_\_\_
- d. Total Equity: \$ \_\_\_\_\_
- e. Net Income: \$ \_\_\_\_\_

2. Within the last 24 months, has the Applicant's or any Subsidiaries' outside auditors:

- a. stated that there are any weaknesses in the Applicant's or any Subsidiaries' system of internal controls? Yes  No
- b. rendered a "going concern" opinion? If yes, please provide the most recent audited financial statement. Yes  No

### IV. EXPIRING COVERAGE INFORMATION

1. Please complete the following for those coverages you currently have or previously had insurance for:

Coverage	Limit	Retention	Coverage Trigger Date*	Premium	Carrier	Expiration Date
Fiduciary Liability	\$	\$		\$		

### V. CLAIMS INFORMATION

1. Has any claim or notice of potential claim been given to the carrier under the above coverage? Yes  No

If yes, please provide details: \_\_\_\_\_

2. Has the carrier under the coverage listed above indicated an intent not to offer renewal terms? (THIS QUESTION IS NOT APPLICABLE TO MISSOURI RESIDENTS) Yes  No

3. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging:



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- a. anti-trust, copyright or patent violation? Yes  No
  - b. violations of any federal or state securities laws or regulations? Yes  No
  - c. discriminatory practice violation or litigation? Yes  No
  - d. violation of the Employee Retirement Income Security Act of 1974, as amended, or any similar law? Yes  No
  - e. negligence in providing professional services? Yes  No
  - f. deceptive trade practices or consumer fraud? Yes  No
4. Within the last 3 years, has any Director or Officer been involved in any litigation concerning any business venture or entity? Yes  No
5. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of disciplinary action by a regulatory agency or associations? Yes  No
6. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of action where a license was revoked or suspended? Yes  No

If yes to any of the above, please provide details: \_\_\_\_\_

### NOTICE

Providing information about a claim or potential claim in response to any question in any Part of this Application does not create coverage for such claim or potential claim. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or to report any act, omission or circumstance which Applicant is aware of which may give rise to a claim, before expiration of the current policy may create a lack of coverage.



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## PART II - FIDUCIARY LIABILITY

(Single Employer Plans Only; multi-employer, multiple employer and/or union ERISA plans are not covered by this application)

1. Please indicate the type of plans for which insurance is requested:

* Plan Type	Name of Plan(s)	Assets	Under funded by more than 20%? (DB only)	Number of Plan Participants
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Total asset value of all plans:</i>		\$		

\* Plan Types:      **DB**=Defined Benefit                      **DC**= Defined Contribution                      **P**= Pension  
                                 **W**= Welfare Benefit                      **E**=ESOP (Employee Stock Ownership Plan)                      **O**= Other

2. Do any plans not conform to the standards of eligibility, participation, vesting and other provisions of the employee Retirement Income Security Act of 1974 (ERISA) as amended or similar laws? Yes  No

If yes, please provide details: \_\_\_\_\_

3. Have any plans been terminated, suspended, merged, dissolved, or converted to a cash balance plan within the last 24 months? Yes  No

If yes, please provide details: \_\_\_\_\_

4. Does the Applicant or any Subsidiary plan on terminating, suspending, merging or dissolving any plan within the next 12 months? Yes  No

If yes, please provide details: \_\_\_\_\_

5. Are the plans reviewed annually and are plan participants educated annually regarding investment alternatives? Yes  No

If no, please provide details: \_\_\_\_\_

Please attach the most recent audited financial statement for Applicants meeting any of the following conditions:

- Request for Fiduciary policy limits over \$3,000,000



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## PART III

To be completed by Applicant

<p>Place a check next to the boxes below where Applicant has current coverage in place either with CNA or with any other carrier:</p> <p><input type="checkbox"/> Fiduciary Liability</p> <p>*The Warranty set forth below is inapplicable to those coverages checked above and should not be completed if the Applicant is requesting continuity.</p> <p>Current Coverage has been in place since _____</p>	<p>Place a check next to the boxes below where Applicant has no current coverage in place:</p> <p><input type="checkbox"/> Fiduciary Liability</p> <p>The Warranty set forth below applies to those coverages checked above.</p>
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**Warranty:** None of the individuals to be insured under any Coverage Part (the "Insured Persons") is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which (s)he has reason to suppose might result in a future claim, except as follows:

- A. Exceptions to the Warranty: Yes  (please attach details)
- B. No Exceptions: Please check here if there are no exceptions to the Warranty

*For Alaska, Florida, Maine, North Carolina and New Hampshire Residents ONLY: the title and any reference to "Warranty" is deleted and replaced with "Applicant Representation"*

1. It is agreed by all concerned that if any of the Insured Persons is responsible for or has knowledge of any wrongful act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future claim, whether or not described above, any claim subsequently emanating there from shall be excluded from coverage under the proposed insurance as to (i) such of the insured persons and (ii) the applicant, subsidiaries and the plan if such insured persons are executive officers. The responsibility or knowledge or any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.
2. It is declared that this application and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the Insured Persons to facilitate the proper and accurate completion of this application for the proposed Policy. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this application and prior to the effective date of any Policy based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.
4. The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.

**FRAUD NOTICE**



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**WARNING – 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: 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.) (For Florida residents only: 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.) (For Louisiana residents only: 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.) (For Maine residents only: 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.) (for New York residents only: 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.) (For Pennsylvania residents only: 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.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be crime and may be subject to civil fines and criminal penalties.)**

This application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or General Counsel.

Signed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Corporation: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please submit this application, when completed, signed and dated to your Regional Underwriter Technician.

For a complete listing of Regional Underwriters and Underwriter Technicians, log on to [www.cnapro.com](http://www.cnapro.com) and click on **Contact/Submission Information**