



FIDUCIARY RENEWAL 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. Has any plan covered under the current policy changed its name? [] Yes [] No
If "Yes", provide details: _____

5. Is coverage being sought for any additional or new plans? [] Yes [] No
If "Yes", please submit a full application for such plans with complete details.

PLAN CHANGES

6. Have there been any changes in the use of or the identity 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 complete details: _____

7. In the past 12 months:

(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.

8. Does the Company or any Subsidiary expect any of the events set forth in question 6. above to occur in the next 12 months? Yes No

If “Yes”, provide details.

COMPLIANCE

9. 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.

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

11. At this time are there any delinquent contributions? Yes No

12. In the past 12 months, has there been any “reportable event” as defined in ERISA with respect to any plan? Yes No

13. In the past 12 months, have there been any transactions involving plan assets involving anyone known to be a party-in-interest? Yes No

14. In the past 12 months, has any plan(s) invested in more than 10% of any corporation or partnership? Yes No

15. 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” to any question 9. – 14., provide details.

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 Renewal 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 Renewal Proposal Form and the effective date of the Policy, which would render this Renewal Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Renewal Proposal Form does not bind the undersigned to purchase the insurance.

ATTACHMENT TO PROPOSAL FORM FOR FIDUCIARY LIABILITY INSURANCE

Question 3.

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

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