



5. Current Insurance:

Does the Sponsor organization or any of its subsidiaries currently have fiduciary liability insurance? If yes, provide the following:

Company: \_\_\_\_\_

Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_

Premium: \_\_\_\_\_ Pr \_\_\_\_\_

6. a. In the past five (5) years, has any claim been made, other than for Plan benefits, or is any now pending against the Entity or Sponsor or in the capacity as an insured as defined in the coverage?  Yes  No
- b. Does the Entity or Sponsor have any knowledge of pending federal, state or local actions or proceedings against the Entity or Sponsor or in the past five (5) years, been involved in any federal, state or local actions or proceedings?  Yes  No
- c. Is any person proposed for this coverage aware of any fact, circumstance or situation which could reasonably be expected to give rise to any future claim for Fiduciary and/or Employee Benefits Liability?  Yes  No

*(If any or all of questions 6a, 6b or 6c are answered yes, please attach a separate sheet explaining the claims, facts, circumstances or situation for each. Any claim or action arising out of such facts, circumstances or situations is excluded from the proposed coverage.)*

7. Has any same or similar insurance on behalf of the Entity, Sponsor or any insured proposed herein been declined, canceled or non-renewed?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance has read and understands this application, and declares all statements set forth herein are true, complete and accurate. If such facts, circumstances or situations exist, any claim or action arising therefrom is excluded from the proposed coverage.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

(Must be Executive Director, President or Chairperson)

Please retain a copy of the completed application. A copy with the required signature must be returned to our office.