

For the purposes of this questionnaire, the term applicant means the parent company and all subsidiaries being proposed for coverage. The term **plan** means any retirement or benefit plan sponsored by the applicant. If additional answer space is required, please attach extra pages to this document.

Parent Company:

1. Please provide the following information for all **plans**, except welfare benefit plans, sponsored by the applicant.

Plan Name	Type of Plan (Defined Contribution vs. Defined Benefit vs, Employee Stock Ownership –ESOP)	Investment Manager or Trustee	Most Recent Asset Value

Note: if any plan is an ESOP, then the supplemental questions at the end of this questionnaire need to be completed.

If any plan is a defined benefit plan, please attach the most recent 5500 report and CPA audit for such plan.

2. Will the funds of any **plan** be used to purchase the insurance? Yes No
If yes, a recourse provision will be added to the policy.
3. Has any **plan** been terminated, partially terminated or restructured (including the conversion of a defined benefit pension plan to a defined contribution pension plan) in the past 3 years?
Yes No
If yes, please provide details including whether or not benefits will be reduced as a result of such transaction.
4. Does the applicant plan to terminate, partially terminate or restructure (including the conversion of a defined benefit pension plan to a defined contribution pension plan) any **plan** in the next 12 months?
Yes No
If yes, please provide details, including whether or not benefits will be reduced as a result of such transaction.
5. Do all **plans** conform to ERISA's participation, vesting, benefit accrual, break in service, reporting disclosure, joint and survivor provisions, and minimum funding requirements and standards?
Yes No
If no, please attach full details.
6. Has any **plan** had a transaction in violation of ERISA during the past 3 years? Yes No
If yes, please attach details.
7. Are all **plans** reviewed periodically to ensure that there have been no violations of any plan trust agreement, party-in-interest rules or prohibited transactions? Yes No
8. If coverage is being requested for a defined benefit plan, is such plan under funded? Yes No
If yes, please attach details.

9. Is any **plan** under examination by or is any issue related to a **plan** pending before the Department of Labor, the Internal Revenue Service, the Pension Benefit Guarantee Corporation or any court?
 Yes No
 If yes, please attach details.
10. Did any of the past 3 actuarial assessments or external audit reports contain any qualifications?
 Yes No
 If yes, please attach details.
11. Does the applicant use company stock in any **plan**? Yes No
 If so, please indicate how the stock is used:
 as an investment option among other options
 as the only investment option
 to match employee contributions
12. Does the applicant have any loans from any **plan**? Yes No
 If yes, please provide details including outstanding balance and confirmation payments are current.
13. Are any **plan** assets invested in deposit of the applicant or an investment vehicle sponsored by the applicant? Yes No
 If yes, please attach details, including the amount and type of such investments.
14. Does the applicant have any revenue sharing arrangements with the investment advisors managing any 401 (K) investment options? Yes No N/A
 If yes, are such arrangements monitored to ensure that the amount of revenue sharing generated does not exceed the market value for the services rendered? Yes No
15. Are 401 (K) investment options reviewed at least annually and are such reviews documented?
 Yes No N/A
16. Does the parent company, any subsidiary, or any director, officer or employee have any knowledge of or know information about any act, error or omission that might give rise to a claim under Fiduciary Liability coverage?
 If yes, please attach details.

It is agreed that, if such knowledge exists, any resulting claims are excluded from coverage.

Supplemental Questions for ESOP's:

- a. Please indicate how the ESOP acquired its securities:
 Sponsoring employer contributed stock to the ESOP
 Sponsoring employer sold stock to the ESOP
 Shareholders sold stock to the ESOP
- b. Is the ESOP leveraged? Yes No
 If yes, please provide the remaining balance of the loan. \$
- c. If the insured's stock is not publicly traded, was an independent evaluation of the stock value made prior to the contribution or sale of the stock to the ESOP? Yes No
 If yes, please provide details including who made the evaluation and a copy of the report.
 If no, please advise how the value of the stock was determined.
- d. When **plan** participants leave the insured, is the cash distribution they receive determined by an independent evaluation? Yes No
 If no, please advise how the value of the distribution is determined.

NOTICE: IN SOME STATES, ANY PERSON WHO KNOWINGLY AND INTENTIONALLY FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR INTENTIONALLY CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND IS PUNISHABLE BY LAW.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

Applicant: _____
By: _____
Signature and Title Date