



**Professional
Governmental
Underwriters, Inc.**

The Authority.

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**Public Entity and Non-Profit
Organization Liability Policy
Supplemental Application for
Fiduciary Liability Insurance Coverage**

This is a proposal for policy relating to claims made against the insureds during the currency of said policy.

1. Name of Organization _____
2. Address _____
City _____ State _____ Zip _____
3. Amount of insurance desired: \$ _____

Full Name of Employee Pension or Welfare Benefit Plan	Year Established	Total Assets		Amount of Vested Benefits	Indicate if "Defined Benefit" or "Defined Contribution" Plan
		Book Value	Market Value		

4. Are any plans fully insured? Yes No
If "yes" identify each such fully insured plan and state the insurance company and annual premium for each.

5. a. Are there any outstanding delinquent contributions to any plan? Yes No
b. Has any plan requested, or does any plan contemplate filing, a request for waiver of contributions? Yes No
c. Has any plan filed for or is any plan contemplating termination? Yes No
If "yes," to any of the above, give details.

6. Has any plan invested in more than 10% of any corporation or partnership? Yes No
If "yes," give details. _____

7. Within the last three years has any plan loaned money to the organization, or have current plan assets been borrowed by, or loaned or pledged to any party in interest? Yes No
If "yes," please explain. _____

8. Is plan administration reviewed periodically to assure that there are no violations of the prohibited transactions or party-in-interest rules of "Employee Retirement Income Security Act of 1974" (ERISA)? Yes No
If "no," please explain. _____

9. a. Does any plan employ the services of any professional investment advisory firm? Yes No
If "yes," provide name of the firm and the amount of fees paid to such firm in the most recent fiscal year.

- b. Does any plan employ the services of any professional actuarial firm? Yes No
If "yes," provide name of the firm and the amount of fees paid.

c. Are you named as the additional insured on their coverage? Yes No

d. Do you have evidence of their errors and omissions liability insurance? Yes No

10. Within the scope of this proposed insurance, has any claim been made, or is now pending, against any person or entity applying for this insurance, or does any such person or entity have any knowledge or information of any act, error, omission or breach of duty, which they reasonably should expect could give rise to a claim against them? Yes No

If "yes," give details. _____

11. No person or entity applying for this insurance has been involved in or has any knowledge of pending federal, state, or local legal actions or proceedings against them except as follows.

If answer is "none," so state: _____

12. a. Do all plan(s) currently conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA? Yes No

b. Is written documentation of meetings and discretionary decisions by fiduciaries maintained? Yes No

c. Are market values used to determine the equity of the plan(s), as required by ERISA? Yes No

d. Is a report to all participants about the performance of the plans issued annually? Yes No

e. Has affirmative action been taken to see that all fiduciaries are aware of their responsibilities and obligations under ERISA? Yes No

If "no" to any of the above, give details. _____

13. Previous fiduciary liability insurance (answer each item):

a. Carrier's name _____

Limit \$ _____

Premium _____

Retention(s) _____

Policy period _____

b. Has any claim been made under the policy, or has notice of potential claim been given to the insured? Yes No

If "yes," give details. _____

14. Has any fidelity bond for the plans ever been refused, canceled or non-renewed? Yes No

If "yes," give details. _____

15. No fact, circumstance or situation indicating the probability of a claim against which coverage would be afforded by the proposed insurance is now known by any person(s) or entity(ies) applying for this insurance other than that which is disclosed in this application, and it is agreed by all concerned that if there is knowledge of any such fact, circumstance, or situation, any claim subsequently emanating there from shall be excluded from coverage under the insurance being applied for.

16. The undersigned declares that to the best of his knowledge and belief statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the organization to effect insurance, the undersigned on behalf of the organization, agrees that this form and said statements shall be the basis of any quotation which may be submitted. The insurer is hereby authorized to make any investigation and inquiry in connection with this proposal. Attached and made part of this application by reference is the latest LRS. 5500 FORM, THE LATEST ACTUARIAL REPORT AND THE LATEST CPA AUDITED FINANCIAL STATEMENT FOR EACH FUNDED PLAN.

Signed: _____

Date: _____