



# United States Liability Insurance Group "The Answer"

## Corporate Directors & Officers Liability and Employment Practices Liability

### FIDUCIARY LIABILITY SUPPLEMENT

Forming part of CDAPP or CDRENAPP

1. Name of Sponsor Organization: \_\_\_\_\_  
Please complete a Supplement for each (if more than one) Sponsor Organization
2. Do you have a Pension Plan?  Yes  No If "Yes", is it  Defined Benefit Plan or  Defined Contribution Plan  
Total Assets \$ \_\_\_\_\_ Contributions \$ \_\_\_\_\_ Number of Participants \_\_\_\_\_
3. Do you have an Employee Stock Ownership Plan (ESOP)?  Yes  No  
If "Yes": Total Assets \$ \_\_\_\_\_ Contributions \$ \_\_\_\_\_ Number of Participants \_\_\_\_\_
4. Do you have a Welfare Benefits Plan(s)?  Yes  No  
If "Yes", Type of plan(s) \_\_\_\_\_ Number of Participants \_\_\_\_\_
5. Are there any other plans for which you are seeking coverage?  Yes  No If "Yes", provide complete details.  
\_\_\_\_\_  
\_\_\_\_\_
6. Have any of the following taken place or been agreed to in the past 3 years or are any anticipated in the next 12 months?  
If "Yes", please explain fully in an attachment.
  - a. Merger, transfer of assets, or termination of a Plan(s)?  Yes  No
  - b. Funding deficiency or delinquent contributions?  Yes  No
  - c. Formation or acquisition of a Plan  Yes  No
7. Does each 401K Plan allow the participants to select from at least 3 investment options and to monitor the performance of each selection?  Yes  No If "No", please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are 401k participants advised of the performance of their investment options and given the opportunity to adjust their selections at least annually?  Yes  No If "No", please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you have written guidelines for each of the following:
  - a. Written Statement of Investment Policy?  Yes  No **If "Yes", attach a copy**
  - b. Written Service Provider Selection Process Guideline?  Yes  No **If "Yes", attach a copy**

*If "a" and/or "b" is answered "No", **written guidelines are required to be implemented.** Samples are provided upon request*
10. Does any Plan invest more than 10% of its assets in the stock or real estate holdings of the Sponsor Organization or the Sponsor's parent or subsidiaries?  Yes  No If "Yes", please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Is any Welfare Plan self insured?  Yes  No If "Yes" provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Does each Pension Plan use an outside Investment Manager?  Yes  No If "No", please explain. \_\_\_\_\_  
\_\_\_\_\_
13. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1986, as amended (the "Code") including, eligibility, participation, vesting, fiduciary responsibility and funding standards?  
 Yes  No If "No", please explain in an attachment.

14. Has each Plan been reviewed to ensure that there are no violations of any Plan document or of the ERISA and "Code" prohibited transactions?      Yes      No     If "no" or if any violations were found, please explain in an attachment.
15. Within the past 18 months, has an actuary found that any Plan was or is currently under-funded by more than 10%?      Yes      No     If "Yes", please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Within the past 18 months has each pension plan received an unqualified opinion letter from a CPA?      Yes      No  
 If "No", please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Within the past 5 years, has any claim been made or is any claim now pending against any Plan, Organization or Individual proposed for this Insurance in the capacity as a Fiduciary, Trustee or Administrator?      Yes      No  
 If "Yes", please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Is any person or entity proposed for this insurance aware of any fact, circumstance, situation or ERISA violation which may result in a Claim that may fall within the scope of the proposed Insurance?      Yes      No  
 If "Yes", please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED INFORMATION**

- A. United States Liability Insurance Group Fiduciary Supplement(CD-FID) signed and dated.
- B. The most recent filed Form 5500 and Schedules for each Plan listed.
- C. Written Statement of Investment Policy.
- D. Written Service Provider Selection Process Guideline.

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this supplement prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this supplement. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not estop the Company from relying on any statement in this supplement. The signing of this supplement does not bind the undersigned to purchase the insurance, nor does the review of this supplement bind the Company to issue a policy. It is understood the Company is relying on this supplement in the event the Policy is issued. It is agreed that this supplement, including any material submitted therewith, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

This Fiduciary Liability Supplement is attached to and forms part of the Corporate Directors and Officers Liability and Employment Practices Liability Application and is subject to the same fraud statements, disclosure notice and individual state requirements stated in the basic application.

Signature \_\_\_\_\_  
 (Chairman of the Board or President)

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