THE HARTFORD

_____
Name of Insurance Company to which application is made

PENSION and BENEFIT PLAN FIDUCIARY LIABILITY INSURANCE APPLICATION

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. EXCEPT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

EXCEPT TO THE EXTENT INDICATED IN THE POLICY, THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, MAY BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES.

THE INSURER HAS THE RIGHT AND DUTY TO DEFEND ANY CLAIM COVERED UNDER THIS POLICY.

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1. APPLICANT INFORMATION:

   a) Name of Sponsor Company _____

   b) Address_____

   c) Nature of Business _____

   d) Total Assets _____

   e) Name of Risk Manager (or functional equivalent)_____

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2. REQUESTED COVERAGE:

   a) New Business ___ Renewal ___

   b) Limit of Liability _____

   c) Retention (each loss) _____

   d) Effective Date _____

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3. PLAN COVERAGE:

A) List all plans to be covered (If renewal, 5 largest pension plans in asset size):

Plan Name	**Total Assets**	**# of Participants**	**Qualified Plan (Y/N)**	**Plan Type** W=welfare benefit DC=defined contribution DB=defined benefit O = other	**Investments in Employer Securities (Y/N)**

(List any additional plans by attachment. Attachment? Y/N ___)

4. PLAN MANAGEMENT:

a) Are plan assets managed by an independent investment manager? Y/N ____
If no, provide details of investment procedure by attachment.

b) Fill out the following schedule of plan service providers:

	NAME OF PROVIDER	PLAN	YEARS. OF SERVICE
Trustee			
Investment Manager			
Administrator			
Consultant/Actuary			
Legal Counsel			
Certified Public Accountant			

If any changes in the above providers in the last five (5) years, provide details:
_____
_____
_____

c) Does any plan hold any investment with a guaranteed return (including Guaranteed Investment Contracts (GICs), Guaranteed Annuity Contracts (GACs) or Bank Investment Contracts (BICs)? Y/N ____ If yes, attach details to include the type of investment contract, name of contract provider, current value of each contract, and expiration date.

d) Are plan benefits secured by insurance? Y/N ____ If yes, indicate type of insurance and carrier.
_____
_____

e) Does any plan currently hold any real estate or mortgage investments including those held in pooled mortgages and/or Collateralized Mortgage Obligations (CMOs)? Y/N _____ If yes, provide details as to cost, current value, and type of real estate investment(s). _____
_____

f) In the past three (3) years has the name of any plan been changed? Y/N _____ If yes, provide prior and current plan names, and include reason for the change.

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g) In the past three (3) years has any plan been consolidated with or merged into any plan for which coverage is requested? Y/N ___ If yes, attach details of such transaction.

h) In the past three (3) years has there been any amendment to a plan that has resulted in any change or reduction in benefits? Y/N _____ If yes, attach a description of such amendment.

i) Has any plan or portion of a plan been sold, terminated or transferred? Y/N _____ If yes, provide details of such transaction by attachment, including date of sale, termination, date of asset distribution in connection with plan termination, or date of asset transfer; if benefits were secured through the purchase of annuities, the name of the annuity provider and indicate whether assets reverted to any party other than the plan participants.

5. PLAN FUNDING:

a) Are all defined benefit plans adequately funded in accordance with ERISA or an applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, as attested to by an actuary? Y/N _____ N/A____

b) Are there any overdue employer contributions for any plan, or has a waiver of contributions been requested? Y/N _____
If yes, provide the plan name and the amount of any overdue contributions for each such plan.
_____
_____

c) For each defined benefit plan, note the approximate date for achieving full funding status. _____
_____
_____

6. PREVIOUS EXPERIENCE **(To be completed by New Business Applicants Only)**

a) Has any fiduciary for whom insurance is to be provided been:

accused, found guilty of, or held liable for a breach of trust or fiduciary duty? Y/N _____
refused coverage under a fidelity bond? Y/N _____
found guilty of a criminal act as enumerated in Section 411 of ERISA? Y/N _____

If yes to any of the above, provide
details:_____
_____
_____

b) Does any proposed insured have knowledge or information of any circumstance, act, error or omission which might give rise to a claim under the proposed policy? Y/N_____ If yes, attach complete details.

c) With respect to any plan proposed for coverage, is there any known violation(s) of ERISA or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world to which such plan is subject? Y/N _____ If yes, attach complete details.

d) Are there any pending claims against anyone for whom insurance is intended which may fall within the scope of any fiduciary liability or similar insurance? Y/N _____ If yes, attach complete details.

e) Has there been or is there now pending any inquiry, investigation or communication which could give rise to a claim under this policy? Y/N _____ If yes, attach complete details.

IT IS AGREED THAT WITH RESPECT TO QUESTIONS 6. a-e ABOVE, IF SUCH CLAIM, CIRCUMSTANCE, ACT, ERROR, OMISSION, KNOWLEDGE, INFORMATION, VIOLATION, INQUIRY, INVESTIGATION, OR COMMUNICATION EXISTS, ANY CLAIM OR ACTION ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

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7. PREVIOUS INSURANCE:

a) Has the Sponsor Organization purchased any fiduciary liability insurance or similar insurance for any plan within the past five (5) years? Y/N _____ If yes, provide the following details:

INSURER	LIMIT OF LIABILITY	DEDUCTIBLE/ RETENTION	PERIOD FROM/TO	PREMIUM

b) Has similar insurance ever been refused, canceled or non-renewed? * Y/N _____ (If yes, attach complete details including reason for and date of such refusal, cancellation, or non-renewal).

c) Is there ERISA fidelity bond coverage currently in force with respect to any plan proposed for coverage? Y/N _____ If yes, please indicate below. If no, provide explanation.

Name of Insurer: _____
Limit of Liability: $_____
Premium: $_____

d) Name and location (city) of outside law firm for benefits and ERISA litigation matters_____
_____

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8. MATERIALS REQUESTED:

- Latest Sponsor Organization Annual Report;
- Latest CPA audited financial statement for each of the five (5) largest pension plans (in total assets), with investment portfolios. If plan assets are held in a master trust, submit the master trust investment portfolio;
- Latest CPA audited financial statement for any plan designed to invest primarily in employer securities or which invests more than 10% of plan assets in employer securities;
- Written plan description and latest financial statement(s), if applicable, for any non-qualified plan(s).

THE UNDERSIGNED AUTHORIZED FIDUCIARY HEREBY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE INCEPTION DATE OF THE POLICY, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE, EACH OF WHICH MUST BE DULY REPORTED ACCORDING TO THE TERMS OF ANY POLICY THAT MAY ISSUE.

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FRAUD WARNING STATEMENTS

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ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

RHODE ISLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS STATEMENT SHALL BECOME A PART OF SUCH POLICY.

The undersigned authorized fiduciary hereby acknowledges that he/she is aware that, unless otherwise specifically indicated in the Policy Declarations, the limit of liability contained in this Policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this Policy.

The undersigned authorized fiduciary hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

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SIGNED _____

PRINT NAME _____

TITLE _____
(Must be signed by a current fiduciary)

DATE _____

NAME OF BROKER _____

NAME OF AGENCY _____

ADDRESS _____

_____

SIGNED _____

PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:

The Hartford Financial Products
2 Park Avenue, 5th Floor
New York, New York 10016
Attn: Commercial D&O Department

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