

ASSET MANAGEMENT RISK SOLUTIONS™ – INSURANCE APPLICATION SUPPLEMENT – FIDUCIARY LIABILITY COVERAGE

THIS SUPPLEMENT IS PART OF THE APPLICATION SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT. THIS SUPPLEMENT MUST BE COMPLETED IF THE APPLICANT SEEKS FIDUCIARY LIABILITY COVERAGE.

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers.

I. APPLICANT

Name of Applicant (as identified in the Asset Management Risk Solutions™ Insurance Application):

1. Attach copies of the following information:

- Latest CPA audited financials for each of the Applicant's five (5) largest pension plans (in terms of total assets), with investment portfolios.
- Latest CPA audited financials for each of the Applicant's plans designed to invest primarily in employer securities or which invests more than ten percent (10%) of plan assets in employer securities.

2. List the Applicant's employee benefits plan(s) for which coverage is requested:

Plan Names (Do not include health & welfare plans)	Total Assets (market value)	Type of Plan*	Qualified?		Number of Plan Participants
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*Use the following descriptions for the Type of Plan: Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Welfare Benefit (W), Other (O)

3. If any plan for which coverage is requested holds or invests in securities of the Applicant, provide a detailed explanation for each such plan, including name of plan, number of shares held, and most recent share value:

If no such securities, check here: ☐

4. Are any plan assets managed by the Applicant? ☐ Yes ☐ No

If "No", list the independent investment advisor responsible for managing the plan assets and provide a detailed explanation of the investment procedures:

5. How often does the Applicant review the performance of each plan's investment managers?

☐ At least semi-annually ☐ Less than semi-annually (provide a detailed explanation):

6. How often do the plan fiduciaries establish or amend the investment manager's guidelines and goals for the plans?

☐ At least semi-annually

☐ Less than semi-annually (provide a detailed explanation):

7. Does the Applicant follow a written procedure to determine the reasonableness of all plan fees, including revenue sharing arrangements?

☐ Yes

☐ No

8. Are any of the Applicant's plans a multiemployer or multiple employer plan?

☐ Yes

☐ No

If "Yes", list each plan, including the type of plan:

9. List all third party investment, actuarial, legal, administrative and benefits consulting service providers used by the Applicant:

If no such service providers, check here: ☐

10. Have any of the Applicant's plans requested or considered filing a request for termination?

☐ Yes

☐ No

If "Yes", provide a detailed explanation for each such plan, including whether the Applicant has received approval from its provincial or federal pension regulator(s) for such termination:

If a regulator has not approved the termination, provide a detailed explanation:

11. In the past two (2) years, have any of the Applicant's plan(s) (or portion of a plan) been sold, transferred or terminated?

☐ Yes

☐ No

If "Yes", for each such plan provide a detailed explanation, including the transaction date, status of asset distribution, whether similar benefits are being offered, and the name of insurance carrier if terminated plan benefits are secured by insurance:

12. In the past two (2) years, has there been any amendment to any of the Applicant's plans that has resulted in or may result in any change or reduction of Benefits?

☐ Yes

☐ No

If "Yes", provide a detailed explanation:

13. In the last twelve (12) months, has there been, or is there now under consideration, any merger, acquisition, restructuring, or consolidation of or by the Applicant that has resulted in or may result in participants in any of the Applicant's plans being transferred to another plan or company?

☐ Yes

☐ No

If "Yes", provide a detailed explanation:

14. Past Activities:

- a. Has any fiduciary under any of the Applicant's plans been:
- i. accused, found guilty or held liable for a breach of trust? ☐ Yes ☐ No
 - ii. convicted of criminal conduct? ☐ Yes ☐ No
 - iii. accused, found guilty or held liable for dishonest, fraudulent or criminal conduct? ☐ Yes ☐ No
- b. Have any claims (other than for benefits) been made during the past three (3) years against any of the Applicant's benefit programs or any current or past fiduciary(ies) of such benefit programs? ☐ Yes ☐ No
- c. Has there been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the CRA, federal or provincial pension regulator or any other government authority against any of the Applicants plans? ☐ Yes ☐ No

If "Yes", to any of the above in Question 14, provide a detailed explanation for each such answer:

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

II. SIGNATURE AND AUTHORIZATION

IF THE APPLICANT PREFERS TO ELECTRONICALLY SUBMIT THIS APPLICATION TO THE UNDERWRITER, ITS AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING THEIR NAME AND THE DATE. BY DOING SO, THE APPLICANT AND ITS AUTHORIZED AGENT HEREBY CONSENT AND AGREE THAT SUCH AUTHORIZED AGENT'S USE OF A KEY PAD, MOUSE OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES THEIR SIGNATURE, ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY SUCH AUTHORIZED AGENT IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.

☐ **AUTHORIZED AGENT SIGNATURE AND ACCEPTANCE**

A digital signature is as simple as:

1. Check the box.
2. Type authorized agent's name and the date.

The box must be checked by a partner, principal, director or officer of the Applicant (or equivalent positions thereof).

Applicant Name: _____

By (Authorized Signature): _____

Name/Title: _____

Date: _____

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.