_____
Name of Insurance Company to which application is made

THE HARTFORD PREMIER DEFENSE FIDUCIARY LIABILITY POLICY℠
INSURANCE APPLICATION

NOTICE: THE POLICY BEING APPLIED FOR PROVIDES CLAIMS MADE AND REPORTED COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. NOTICE OF A CLAIM MUST BE TIMELY REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS OF THE POLICY. PAYMENT OF LOSS (INCLUDING, BUT NOT LIMITED TO, DEFENSE COSTS) REDUCES AND MAY COMPLETELY EXHAUST THE AVAILABLE LIMIT OF LIABILITY AND IS APPLIED AGAINST THE RETENTION. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION EXCEPT AS OTHERWISE SPECIFIED IN THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS IT WITH YOUR AGENT OR BROKER. THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND ANY INSURED.

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1. APPLICATION INSTRUCTIONS AND APPLICANT STATUS:

   a) Please include all requested information and attachments. Provide a complete and accurate response to all questions and attach additional pages to the extent necessary.

   b) Is the Applicant applying to renew its Hartford fiduciary liability policy ("Renewal Applicant"): Y/N _____
   If yes, some questions may be acceptable as "*no change*" to indicate that information provided for the prior policy year is still current as of the date of this application.

2. REQUESTED COVERAGE: ☐ *check here if requesting a 1-year renewal on the same limits, terms and conditions as-expiring*

   a) Limit of Liability (Aggregate): $_____

   b) Retention (each loss): $_____

   c) Policy Period: FROM- _____ TO- _____

3. APPLICANT INFORMATION:

   a) Name of Applicant Entity:
   _____
   _____
   (Together with any subsidiaries for whom this policy is intended, hereinafter, "Applicant(s).")

   b) Address of Applicant: _____

   City: _____ State: ____ Zip Code: _____ Telephone: _____

   c) Applicant's Website: _____

   d) Name and Address of Primary Contact: _____

   City: _____ State: ___ Zip Code: _____ Telephone: _____ Email: _____

   e) Nature of Business: _____

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f) Is any Applicant a general partner in any limited or general partnership? Y/N _____. If yes, please attach details.

g) Total Plan Assets: _____

4. PLAN INFORMATION:

a) List all plans for which coverage is intended (If renewal, 5 largest plans by asset size and any new plans):

Plan Type
HW = Health & Welfare
ESOP = Private Company Employee Stock Ownership
DC = Defined Contribution
DB = Defined Benefit

Plan Name	Total Plan Assets	# of Participants	Qualified Plan (Y/N)	O = Other	Funded %	Investments in Employer Securities (Y/N)

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

b) List the following information for all defined contribution plans to be covered:

Plan Name	Amount of Entity Stock in Plan	Amount of Proprietary Funds in Plan	Name of Recordkeeper	Recordkeeping Fees on a Per Capita Basis	Name of Investment Consultant and Manager

Please note that, depending on the information entered above, the provision of additional underwriting information may be necessary.

c) 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 5 years, provide details:

_____
_____
_____
_____

4. PLAN MANAGEMENT:

a) Is there a periodic review (including peer benchmarking) of the investment, operation and administration-related fees and expenses paid by the Insured Plan(s)? Y/N ____. If yes:
   1) How often? _____.

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2) Describe the source(s) of such review (e.g. a request for proposal, information from third party sources, etc.): _____
3) Is such review performed by an independent third party? Y/N ____.
4) Do the Applicants document decision-making? Y/N ___.

Please note that, depending on the information entered, additional underwriting information may be required.

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

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, including 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 for each such plan.

_____

_____

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 such investment(s).

_____
_____

f) In the past six (6) 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.

g) In the past six (6) years has any plan or portion of a plan been created, sold, merged, acquired, spun-off, transferred, terminated, annuitized, consolidated or frozen or are any such actions contemplated in the next 12 months? Y/N ___. If yes, provide details of such transaction by attachment, including, but not limited to, the date of sale, termination, date of asset distribution in connection with plan termination, or date of asset transfer, and, 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.

h) In the past six (6) 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) Do plans conform to all applicable legal and regulatory requirements, including, but not limited to, ERISA and IRC standards and restrictions, as respects prohibited transactions, funding, plan qualification, reporting, bonding and disclosures and making timely contributions? Y/N _____. If no, attach details.

j) To the extent that the Applicant/Plans provide participants with online access to employee benefit accounts, have all online access security procedures offered by the plan administrator (including but not limited to multi-factor authentication) been implemented? Y/N ___. If yes, please describe.

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____. If no, attach details. _____

_____

_____

b) Are there any overdue employer contributions for any plan, or has a waiver of contributions been requested? Y/N _____.

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If yes, attach details, including 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 (NOT REQUIRED FROM RENEWAL APPLICANTS)

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

1) Been accused, found guilty of, or held liable for an offense involving dishonesty or breach of trust or fiduciary duty? Y/N _____.
2) Been refused coverage under a fidelity bond? Y/N _____.
3) Been named in a criminal matter, civil matter or regulatory investigation regarding an employee benefit plan? Y/N _____.
4) Been involved in a voluntary compliance or settlement program administered by the Internal Revenue Service, Department of Labor or other government authority as respects an employee benefit plan? Y/N ___.
5) Experienced an event that is reportable to the Pension Benefit Guaranty Corporation? Y/N ___.

If yes to any of the above, attach complete details.

b) Does anyone for whom insurance is intended have any knowledge or information of any fact, misstatement, misleading statement, circumstance, act, error, omission, neglect, breach of duty or other matter that might give rise to a claim under a prior policy or 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 that 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 UNDERSTOOD AND AGREED THAT, WITH RESPECT TO QUESTIONS 6. a-e ABOVE, IF ANY SUCH ACCUSATION, FINDING, LIABILITY, REFUSAL, MATTER, INVESTIGATION, PROGRAM, EVENT, KNOWLEDGE, INFORMATION, FACT, MISTATEMENT, MISLEADING STATEMENT, CIRCUMSTANCE, ACT, ERROR, OMISSION, NEGLECT, BREACH OF DUTY, CLAIM, VIOLATION, INQUIRY, INVESTIGATION, OR COMMUNICATION EXISTS, ANY LOSS (INCLUDING, WITHOUT LIMITATION, ANY DEFENSE COSTS RELATED THERETO), CLAIM OR ACTION ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE COVERAGE AND ANY RENEWAL THEREOF.

7. PREVIOUS INSURANCE:

a) Does the Applicant currently have fiduciary liability insurance? Y/N _____.

b) If any Applicant has purchased any fiduciary liability insurance or similar insurance for any plan within the past five (5) years, please provide the following details:

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

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c) Has any Applicant within the past five (5) years given written notice of any fact, circumstance, act, error or omission which might give rise to a claim under a previous fiduciary liability (or similar) insurance policy? Y/N _____. (If yes, attach complete details including reason for and date of such notice.)

c) Has any Applicants' fiduciary liability 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).

d) 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: $_____

e) Name and location (city) of outside law firm for benefits and ERISA litigation matters:
_____
_____

8. MATERIALS REQUESTED:

a) If any of the following are not publicly available via the internet, please attach:

- Latest Applicant Annual Report
- List of subsidiaries proposed for coverage and the nature of each's operations
- Latest CPA audited financial statement and Form 5500 for each of the five (5) largest plans (in total assets), with investment portfolios
- 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)
- 408(b)(2) Recordkeeper Disclosures for all defined contribution plans
- If plan assets are held in a master trust, submit the master trust investment portfolio

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THE UNDERSIGNED AUTHORIZED FIDUCIARY HEREBY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE[1]. 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[2].

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[3].

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.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.
2- In Maine this sentence ends at the word "quotations."
3- The application shall actually attach in the following states: North Carolina

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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.

ATTENTION 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.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A "FRAUDULENT INSURANCE ACT" MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY AND 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.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION 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.

ATTENTION 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.

ATTENTION 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.

ATTENTION TEXAS 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

ATTENTION 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.

SIGNED _____

PRINT NAME _____

TITLE _____
(Must be signed by a current fiduciary)

DATE _____

NAME OF BROKER _____

NAME OF AGENCY _____

ADDRESS _____

_____

SIGNED _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____
(Required: Florida, Iowa & New Hampshire only)

Print Name: _____

Address: _____

Date: _____

Agent License #: _____
(Required: Florida only)

Name of Agency: _____

_____

Agent Signature: _____
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>

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