



Name of Insurance Company to which application is made

MISSOURI FIDUCIARY LIABILITY SUPPLEMENTAL APPLICATION
To be completed only by those applicants seeking Fiduciary Liability Coverage
(Single Employer Plans only; Multi-Employer Plans are not covered by this application)

NAME OF BROKER: _____

NAME OF AGENCY: _____

ADDRESS: _____

LICENSE NUMBER: _____

TELEPHONE NUMBER: _____

1. APPLICANT INFORMATION:

- a) Name of Sponsor Company _____
b) Address _____

2. REQUESTED COVERAGE

- a) New Business Renewal
b) Limit of Liability _____ Retention _____
c) Effective Date _____

3. PLAN COVERAGE (List all plans to be covered)

Type of Plan	Plan Name	Total Assets	Qualified Plan (Y/N)	Investments in Employer Securities Y/N	Trustee/ Plan Administrator

Type of Plan: DB = Defined Benefit DC = Defined Contribution W = Welfare Benefit O= Other

4. Do all applicable plans conform to the standards of eligibility, participation, vesting and funding provisions of (ERISA) or any applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world? Yes No
5. Does any plan hold any investments with guaranteed return (Guaranteed Investment Contracts (GIC), Guaranteed Annuity Contract (GAC) or Bank Investment Contract (BIC)) or any Real Estate Investments (Real Property, Mortgage Investment, or Collateralized Mortgage Obligations (CMO))? Yes No
6. In the past (3) three years has any plan:
- a) Changed its name? Yes No
- b) Been consolidated or merged with another plan? Yes No

- c) Experienced a reduction in benefits? Yes No
- d) Been sold, transferred, or terminated or has any portion of a plan been sold, transferred, or terminated? Yes No

7. For Defined Benefit plans only, are the plans adequately funded as attested to by an actuary?
 Yes No
 If no, please provide details: _____

8. Is the Applicant delinquent in contributing to any plan? Yes No
 If yes, please provide details: _____

9. Does the Applicant plan on terminating, suspending or merging any plans within the next 12 months?
 Yes No

10. **FOR NEW BUSINESS APPLICANTS COMPLETE THE FOLLOWING:**

- 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? Yes No
- Refused coverage under a fidelity bond? Yes No
- Found guilty of a criminal act as enumerated in Section 411 of ERISA? Yes No

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

If yes, it is agreed that any Claim arising therefrom is excluded from this proposed coverage.

- 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 Fiduciary Liability Coverage?
 Yes No 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?
 Yes No 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? Yes No
- e) Has there been or is there now pending any inquiry, investigation or communication which could give rise to a Claim under the Fiduciary Liability Coverage? Yes No

It is agreed that with respect questions 10(b)-(e) above, if such Claim, circumstance, act, error, omission, knowledge, information, violation, inquiry, investigation or communication exist, any claim arising therefrom is excluded from this proposed coverage.

11. **PREVIOUS INSURANCE:**

- a) Has the Sponsor Organization purchased any fiduciary liability insurance or similar insurance for any plan within the past five (5) years? Yes No If , attach complete details:

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

b) Is there ERISA fidelity bond coverage currently in force with respect to all plans proposed for coverage?
 Yes No If yes, please indicate below:

Name of Insurer	Limit of Liability	Premium

In addition to the supplemental application submit the following:

For Applicants with 100 or less participants submit: Most recent Form 5500 Investment Portfolio	For Applicants with 101 or more participants submit: CPA audited report for each plan Investment Portfolio
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THE UNDERSIGNED HEREBY DELARES 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, THE 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 BE ISSUED.

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 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 an 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 hereby further acknowledges that the undersigned is aware that legal defense costs that are incurred shall be applied against the retention amount.

The undersigned understands that the information provided herein becomes a part of the new business application or renewal business application for the Private Choice Policy.

SIGNED _____
 Signature of Insured

PRINT NAME _____

TITLE _____
 (Must be signed by a current fiduciary)

DATE _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Hartford Financial Products
 2 Park Avenue
 New York, N.Y. 10016