



Executive Risk Insurance Services Limited

FIDUCIARY LIABILITY INSURANCE RENEWAL APPLICATION

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENCE. UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PURCHASED, THE UNDERWRITER HAS NO DUTY TO DEFEND ANY CLAIM.

AMOUNTS INCURRED FOR LEGAL DEFENCE WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

I. GENERAL INFORMATION

1. Name of Parent Company:

Address of Parent Company (Head Office Location):

2. Insurance Broker – Company:

Address:

Account Manager:

Tel. No.:

3. Name and position of person completing this Application:

Name:

Position:

4. Type of Business Entity (please check applicable description):

Corporation

Income Trust/Income Fund

Limited Partnership

General Partnership

Other (please specify):

5. Years of Operation:



2. Are all Plan assets managed by a (non-employee) investment manager? Yes No

If "No", please provide details

3. Are limitation of liability provisions, including exculpatory clauses, or indemnity agreements utilized in custodial service agreements or contracts with professional service providers? Yes No

If "Yes", please provide details

4. a) Is there a written investment agreement with the investment manager? Yes No

If "No", please provide details

b) How often is the investment managers performance reviewed?

- c) Have you been provided with a copy of your investment managers Professional Liability Insurance policy? Yes No

If "No", please provide details

5. Are Plan funds loaned to the Parent Company or any subsidiaries? Yes No

If "Yes", please provide details:

6. Have any surplus funds been transferred from any Plans, or are there any plans to do so? Yes No

If "Yes", please provide details:

7. Has there been, or are there any plans by the Parent Company, or any Subsidiary to cease contributions to a pension plan? Yes No

If "Yes", please provide details:

IV. REGULATORY COMPLIANCE

1. Do all Plans meet regulatory requirements for eligibility, participation, vesting, funding and all other provisions under each Canadian province and/or territory and, where applicable, the Employee Retirement Income Security Act of 1974 of the United States (ERISA) and all rules and regulations adopted thereunder? Yes No

If "No", please provide details

2. Are all defined benefit Plans adequately funded in accordance with applicable statutes and/or regulations as attested to by an actuary? Yes No

If "No", please provide details

3. Are there any current outstanding delinquent contributions by any party? Yes No

If "Yes", please provide details

4. Have the Plans been reviewed to ensure that there are no violations of any plan agreement, prohibited transactions or party-in-interest rules? Yes No

If any were found, please provide details

5. Are there any events reportable to any regulator? Yes No

If "Yes", please provide details

V. PLAN CHANGES

1. Are there any plans to spin out (sell), transfer, merge or to terminate any plans? Yes No

If "Yes", please provide details

2. Are there any plans to amend any Plan that would result in any change in the cost of pension plan expenses, including administrative charges? Yes No

If "Yes", please provide details



3. Are there any plans to make any amendments to any Plan, or have any amendments been contemplated, that have or would result in any change or reduction of benefits, including but not limited to an increase in participant's cost? Yes No

If "Yes", please provide details

VI. PLAN ACTIVITIES

1. Is there now pending, any claim(s) or regulatory proceedings against any Plan or the Parent Company or any of its Subsidiaries or any Fiduciary, Director, Officer or Employee thereof in relation to the Plans for which coverage is required, whether an insurance policy covered such claim(s) or not? Yes No

If "Yes", please provide details

2. Has any Fiduciary, Director, Officer or Employee been accused, found guilty or held liable for a breach of trust under ERISA or similar or equivalent U.S. or Canadian federal, provincial, state or local law? Yes No

If "Yes", please provide details

3. Has any Fiduciary, Director, Officer or Employee been accused or convicted of criminal conduct? Yes No

If "Yes", please provide details

4. Is any Fiduciary, Director, Officer or Employee, the Parent Company or any Subsidiary aware of any pending administrative or regulatory inquiry, investigation or communication which could give rise to a claim within the scope of the proposed insurance? Yes No

If "Yes", please provide details

VII. LOSS HISTORY

Date of Loss	Type of Allegation	Description of Allegation	Status of Allegation	Defence Costs	Indemnity Costs
				\$	\$
				\$	\$
				\$	\$



1. Board Effectiveness

- (a) Have you previously completed an Executive Risk Services Pension Plan Governance Evaluator? Yes No
- (b) After review of your previously completed and submitted Pension Plan Governance Evaluator, are there any answers that you would now change due to a change in process or personnel over the past year? Yes No
- (c) Please comment on any specific Pension Plan Governance improvements made during the past year.

X. ADDITIONAL INFORMATION (WHERE APPLICABLE):

Please provide the following with the completed Application:

- Audited financial statements for all defined benefit and defined contribution plans;
- Most recent Actuarial Reports for all defined benefit plans;
- Most recent Form 5500 Schedule A and B for all ERISA plans except health and welfare plans (for US plans only);
- Most recent audited annual report and quarterly financial statements of the Parent Company;
- If there is an Employee Stock Option Plan (ESOP), please attach the most recent valuation statement for the ESOP; and
- A copy of the indemnity clause from the trust deed.

False information:

Any person who, knowingly and with intent to defraud, submits an application for insurance containing any materially false information concerning any material fact for the purpose of securing insurance pursuant to the terms of the policy, commits a fraudulent insurance act, which is a crime and subjects such person to potential criminal penalties.

This clause applies to the Province of Quebec only

It is the express wish of all parties that this application and any related documents be drawn up and executed in English. Les parties conviennent que la presente proposition et tous les documents s'y rattachant soient rédigés et signés en anglais.

Signature of Current Lead Fiduciary or
Functionally Equivalent Position

Name

Title

Date

Note: This APPLICATION and all exhibits shall be treated in strict confidence.

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.