

FIDUCIARY LIABILITY SUPPLEMENTAL QUESTIONNAIRE

1. Name of Organization: _____
State: _____

2. Please check all plans the Organization currently sponsors for its employees:

401K Plan _____ 403B Plan _____ Pension Plan _____ Medical/Dental _____

Life Insurance _____ Disability _____ Other: Please describe: _____

3. If you have either a 401K, 403B, Life Insurance or Pension Plan:
 - (a) Does an Outside Investment Firm manage the Plans? Yes _____ No _____.
If Yes, how often is their performance reviewed? _____.

 - (b) Has a Lawyer, CPA or Actuary reviewed the Plans to assure there are no violations of prohibited transactions/Party-in-interest rules and to verify compliance with standards of eligibility, participation, vesting, funding and other provisions of the Employee Retirement Income Security Act of 1974 (E.R.I.S.A) and similar provisions?
Yes _____ No _____. If Yes, when was the last time Plans were reviewed? _____.

4. If you have either a Medical/Dental or Disability Plan, does an outside Administrative or Benefits Consulting Firm administer the Plan(s)? Yes _____ No _____.

5. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination/consolidation of a Plan? Yes _____ No _____. If Yes, please attached details.

6. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any Plan? Yes _____ No _____. If Yes, please attach details.

7. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? Yes _____ No _____. If Yes, please attach details.

The information on this supplemental questionnaire is material to the Company underwriting this risk and shall be deemed attached a part of this Policy as is physically attached hereto.

Signature: _____ Title: _____ Date: _____
Must be signed by Chairman, President or Executive Director.