

APPLICATION FOR ROCKWOOD PROTECTOR FIDUCIARY LIABILITY INSURANCE



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Follow these five easy steps to enroll in the Rockwood Protector Fiduciary Program.

Add up the total assets in all your ERISA plans. If the total exceeds \$25,000,000 OR any of the plans have the following characteristics, contact Rockwood Programs. *Any Plan that allows investments in:* **a)** Employer Securities, **b)** where the plan sponsor is in Bankruptcy, **c)** related to/sponsored by a Governmental Agency, **d)** not held in Trust by a bank, registered investment company or insurance company, **e)** that is Multiemployer or Multiple Employer Plan.

STEP 1 Select Terms. Companies with total plan assets up to \$25,000,000 (no deductible)

Select Limit of Liability		<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	P r e m i u m
T o t a l P l a n A s s e t s	Up to \$500,000	\$ 500.00	\$ 625.00	\$ 825.00	\$1,150.00	
	\$ 500,001–\$ 1,000,000	\$ 600.00	\$ 750.00	\$1,000.00	\$1,400.00	
	\$ 1,000,001–\$ 2,500,000	\$ 775.00	\$ 975.00	\$1,300.00	\$1,800.00	
	\$ 2,500,001–\$ 5,000,000	\$ 925.00	\$1,150.00	\$1,525.00	\$2,125.00	
	\$ 5,000,001–\$10,000,000	\$1,075.00	\$1,350.00	\$1,800.00	\$2,500.00	
	\$10,000,001–\$25,000,000	\$1,275.00	\$1,600.00	\$2,125.00	\$2,950.00	

STEP 2 ERISA Fidelity Bond Use this chart to determine the rate for ERISA-mandated Fidelity Bond.

Total Plan Assets	Premium	Total Plan Assets	Premium	Total Plan Assets	Premium
Up to \$1,500,000	\$150	\$2,500,001–\$3,000,000	\$300	\$4,000,001–\$4,500,000	\$450
\$1,500,001–\$2,000,000	\$200	\$3,000,001–\$3,500,000	\$350	Over \$4,500,001	\$500+
\$2,000,001–\$2,500,000	\$250	\$3,500,001–\$4,000,000	\$400		

NOTE: The above rates are only for Applicants with **no** custody of clients investment assets but who **do** have discretionary authority.

STEP 3 Calculate Total Cost.

Fiduciary Premium (Step 1) \$ _____ + Bond Premium (Step 2) \$ _____ + \$200 Policy Fee = TOTAL COST \$ _____

STEP 4 Complete the application form on following page.

Date _____ Applicant's Authorized Signature _____
I warrant that the above statements are true. Misrepresentation may make the insurance contract null and void.

Producer _____ Producer Name _____

Address _____ Producer License No. _____

City _____ State _____ Zip Code _____

Tel (_____) _____ Fax (_____) _____ E-mail _____

GENERAL INFORMATION

- a. Name of Sponsor Organization _____
- b. Street Address _____ City _____ State _____ Zip _____
 Phone (_____) _____ Fax (_____) _____ Email _____
- c. Nature of Business (Primary SIC Code) _____ d. Total revenues of the Sponsor Organization \$ _____
- e. Net Income of the Sponsor Organization \$ _____ f. Total assets of all Plans \$ _____
- g. Number of persons who handle, manage or direct the plan's assets, including trustees, managers, bookkeepers, etc. _____
- h. Does the Applicant and/or affiliated company have custody of clients investment assets? Yes No
- i. Requested effective Date: _____

PLAN DATA

1. Please list Plans for which coverage is requested. *If included as an attachment herein, check here*

Full Name of Plan to be Covered	Total assets (market value)	Number of Plan Participants	Type of Plan (e.g. 401(k), welfare, defined benefit, ESOP, etc.)
	\$		
	\$		
	\$		
	\$		

2. If the Plan(s) is an "individual account" Plan, does such Plan offer at least three (3) investment options, each with a materially different risk and return characteristic (for instance an equities fund, a bond fund and a money market fund? Yes No *If "No", please attach complete details.*

Question 3 applies only to defined benefit Plans. *If there are no defined benefit Plans, please skip to question 4.*

- 3. a) Are all defined benefit Plans adequately funded as attested to by an actuary? Yes No *If "No", please attach complete details.*
- b) Are there any delinquent contributions? Yes No *If "Yes", please attach complete details.*
- c) Has the defined benefit Plan undergone a conversion to a cash balance plan or is any such conversion being considered? Yes No *If "Yes", please attach complete details.*
- 4. In the past 24 months has there been, or in the next 12 months is there anticipated, any amendment that has resulted in or is expected to result in any reduction of benefits, including but not limited to, an increase in participants' share of costs? . . . Yes No *If "Yes", please attach complete details.*
- 5. Has any Plan(s) for which coverage is requested, been spun off (sold), or terminated or is any such transaction being contemplated? . . . Yes No *If "Yes", please attach complete details.*

It is agreed that with respect to Questions 6, 7, and 8 below, that if such claim, knowledge, information, inquiry, investigation, or or violation exists, any claim or action arising therefrom is excluded from the proposed coverage.
 IF THIS IS A RENEWAL OF AN AIG MEMBER COMPANY EMPLOYEE BENEFIT PLAN FIDUCIARY LIABILITY POLICY, CHECK HERE AND DO NOT COMPLETE QUESTIONS 6 thru 8.

- 6. Has there been or is there pending any inquiry or investigation, or any violation 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 a Plan is subject? . . . Yes No *If "Yes", please attach complete details.*
- 7. Has there been, or is there now pending, any claim(s) against any proposed insure arising out of any plan? . . . Yes No *If "Yes", please attach complete details.*
- 8. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a Claim under the proposed policy? . . . Yes No *If "Yes", please attach complete details.*
- 9. Has similar insurance ever been refused, canceled or non-renewed? **MISSOURI APPLICANTS NEED NOT REPLY TO THIS QUESTION**
 Yes No *If "Yes", please attach complete details including date and reason.*

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS (DISCLOSED OR NOT) IN ADDITION TO ANY REMEDY THE INSURED MAY HAVE, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THE PROPOSED COVERAGE.