

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE ENTIRE POLICY CAREFULLY.**

**APPLICANT INFORMATION**

**Name of Applicant**

Please provide the name of the firms providing the following services –

<i>CPA</i>	<i>Attorney</i>	<i>Actuary</i>	<i>Investment Advisor</i>
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**FEE INFORMATION**

**Does the Applicant maintain written policies and procedures to mitigate excessive fee transactions including –**

Documented review of plan fees, investment expenses and investment performance annually to ensure that plan fees are reasonable?  YES  NO

Ensuring that all plan recordkeeping fees are offered on a low, flat-per-participant rate, instead of a percentage of assets.  YES  NO

Conduct a formal Request for Proposal with plan vendors at least every three years?  YES  NO

Ensuring that your plans include a low-cost index fund?  YES  NO

Does Applicant utilize a third-party consultant to review plan fees and investment performance annually?  YES  NO

*If "No", to any of the above please attach a full explanation.*

Do any of the Applicant plans or investment options include revenue sharing, or invisible fees?  YES  NO  
*(If "Yes", please provide details)*

**Details –**

**DECLARATIONS AND NOTICES**

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Application and in any attachments or other documents submitted with the Application are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the Insurer will have relied on all such materials in issuing any such policy. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us.

The information requested in this New Business Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy, of a Claim or potential Claim.

**SIGNATURES**

Note: This Application must be signed by the chief executive officer, chief financial officer or equivalent position of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

***Name***

***Title***

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***Signature***

***Date***

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