



ERISA Fiduciary Dishonesty Application

First Named Insured: _____
(Please attach list of any additional insureds to be included for coverage)

Address: _____

Effective Date: _____ Expiration Date: _____

INSURING AGREEMENT	LIMIT OF INSURANCE	DEDUCTIBLE
1. Employee Dishonesty		\$0

PRIOR INSURANCE:

1. Has any similar insurance been declined or cancelled during the past three years? Yes No
 2. Current Crime Coverage: Check here if none:

EFFECTIVE DATE	EXPIRATION DATE	LIMIT OF INSURANCE	LEAD CARRIER	PREMIUM

BUSINESS DESCRIPTION:

1. Who is the Parent Company of your organization? _____
 2. Date of Establishment: _____
 3. Has there been any change in ownership or management within the past three years? Yes No
 If "Yes", please explain: _____
 4. What services/activities are performed for ERISA clients (i.e. advisor, custodian, broker/dealer, etc)? _____
 5. Are your services provided on a fixed fee basis? If not, how do you charge for your services? _____
 6. Do you ever serve the same ERISA client in more than one capacity? If so, how? _____
 7. What part would you play in determining what other fiduciaries would be active on an ERISA account (i.e. referral, selection, appointment, etc.)? _____
 8. What type of ERISA clients do you currently serve? _____
 9. What type of ERISA clients would you solicit as new clients? _____
 10. Do you handle individual accounts or pooled accounts? _____

(include full and part-time employees)	TOTAL EMPLOYEES	TOTAL LOCATIONS
U.S.		
CANADA		
OTHER FOREIGN		
GRAND TOTAL		

LOSS HISTORY:Enter all claims or occurrences that may give rise to claims for the past five years. Check here if none:

DATE OF OCCURRENCE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT OF LOSS	AMOUNT PAID	CLAIM STATUS (OPEN OR CLOSED)

Comments/Corrective Action taken: _____
_____**INTERNAL CONTROLS:**

	YES	NO
REGULATORY:		
1. Do you have annual regulatory and/or governmental audits?	<input type="checkbox"/>	<input type="checkbox"/>
If so, have you been charged with any violations/sanctions or been given recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
LEGAL FUNCTIONS:		
2. What types of agreement/contracts do you maintain between you and your ERISA clients? _____		
3. Do you use standardized contracts?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any exceptions? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have your internal legal department review these agreements and approve them?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have internal ERISA attorneys?	<input type="checkbox"/>	<input type="checkbox"/>
6. How do they oversee that everyone involved in the contract/agreement is in compliance? _____		
7. Do clients sign an agreement that specifies the types of investments to be purchased for their accounts?	<input type="checkbox"/>	<input type="checkbox"/>
If not, who makes the investment decisions? _____		
EXTERNAL/INTERNAL AUDIT		
8. Do you have an internal audit department that oversees the ERISA accounts?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is this unit separate or a part of your corporate internal audit department?	<input type="checkbox"/>	<input type="checkbox"/>
10. How often do they audit the ERISA accounts? _____		
11. What involvement does your external auditor have with ERISA accounts or financial statements? _____		
CUSTODIAL ASSETS:		
12. Do you act as a custodian for ERISA plan assets?	<input type="checkbox"/>	<input type="checkbox"/>
13. Where are such assets kept? _____		
14. Do your sub custodians have custody of ERISA plan assets?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you limit the amount of client assets which you will place with any one sub-custodian?	<input type="checkbox"/>	<input type="checkbox"/>
16. What oversight do you exert over the sub-custodians? _____		
17. How are ERISA plan assets segregated on an account basis (i.e. by sponsor/customer, by plan, by segments of plan)? _____		
ADVISOR/PORTFOLIO MANAGER ASSETS:		
18. Are you an SEC registered advisor?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever committed or been charged with any SEC disciplinary violations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe. _____		
20. Does the person authorized to provide investment advice for clients also review the statements of account activity?	<input type="checkbox"/>	<input type="checkbox"/>
If no, who does? _____		
21. Do you ever take physical possession of your clients' investment assets?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do clients execute an agreement/contract specifying types of investments to be purchased for its accounts?	<input type="checkbox"/>	<input type="checkbox"/>

TRADE RECONCILIATION:		
23. Who oversees this trade reconciliation? _____		
24. How are your trades communicated? Explain your funds transfer process. _____		
25. Who has trade confirmation authority? _____		
26. Are the funds transfer and confirmation process done by different people?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have an affiliated company that executes trades for the accounts?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do the employees that handle account reconciliations also sign checks, handle deposits, and have access to check signing machines or signature plates?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain your how these duties are segregated. _____		
29. How are trades executed for ERISA plan assets (i.e. sale/purchase of same security on behalf of multiple plans)? _____		
30. What trading account structure is deployed (omnibus account vs. individual)? _____		

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____

Date: _____

ALASKA	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA	For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
DISTRICT OF COLUMBIA	WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
HAWAII	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
IDAHO	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
INDIANA	Any person who knowingly and with intent to defraud an insurer files a statement of claim

	containing any false, incomplete, or misleading information commits a felony.
LOUISIANA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.
MINNESOTA	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
NEW YORK	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OHIO	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
OKLAHOMA	WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
OREGON	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
PENNSYLVANIA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
TENNESSEE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
VIRGINIA	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.