

The policy for which application is made is written on a claims-made basis. The coverage afforded by this policy is limited to liability for only those claims first made during the policy period specified on the Policy Certificate resulting from wrongful acts and which are subsequently reported to the Insurer as soon as practicable. This is a policy with claims expenses included in the limits of liability. The limits of liability shall be reduced and may be exhausted by claims expenses, and to the extent that the limits of liability are thereby exceeded, the Insurer shall not be liable for claims expenses or any other loss. Please read everything carefully.

### **I. GENERAL INFORMATION**

Name of Plan Sponsor or Plan:	
Address:	

### **II. NAME AND TYPE OF PLAN OR TRUST**

Please provide an updated list for the five largest-sponsored employee benefit plans for which coverage is requested, including most recent plan assets and participant count [please include at least one retirement plan and sponsored health plan for employees]:

Full Plan or Trust Name	*Type	Plan Assets (Current Year)	Total # of Participants	List funding percentage for DB Plans	List recordkeeping fee for DC plans (Per capita or asset based fee)

\* Types: Defined Benefit (DB); Defined Contribution (DC); Welfare Benefit Plan (W); Other (O) – Attach Explanation

\*\* Status: Active (A); Frozen (F); Terminated (T) (If any trust or plan has been terminated, indicate date of transaction)

### **III. UNDERWRITING QUESTIONS**

- Have there been any amendments to a sponsored plan in the past 12 months, or are any such amendments anticipated in the next 12 months that would result in a material change in benefits?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, please attach a copy of all plan amendments in past 12 months or drafts of intended plan amendments, and include a brief explanation of any changes in benefits.**

- Please describe any recent changes to investment guidelines or plan fees in the last 12 months for sponsored defined benefit or contribution retirement plans and/or sponsored health plans.

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3. Please indicate if you have received or are aware of any inquiries or online solicitations from any law firms regarding employee benefit plan fees, expenses, or the performance of plan investments: Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, please attach details.**

### **For Health and Welfare Plans**

4. Are the plans fully insured or self-funded? \_\_\_\_\_
5. Does the plan self-administer or use a third-party administrator to administer the plan?  
\_\_\_\_\_
6. Does the plan document contain an anti-assignment provision to prevent assignments of rights to health care providers? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Please describe the type of pricing model in place with the plan's pharmacy benefit manager (Traditional, Pass-Through, Acquisition Cost Plus etc.)  
\_\_\_\_\_
8. Have health and welfare plans been reviewed to assure compliance with the Mental Health Parity Act to ensure all mental health benefits are in parity with other benefits under the plan? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have health and welfare plans been reviewed to assure compliance with the Patient Protection and Affordable Care Act as amended? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have plan fiduciaries reviewed compliance with the requirements of the Consolidated Appropriations Act of 2021, including requesting fee disclosures from health-plan service providers and reviewing the reasonableness of all health plan fees? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **IV. REQUIRED ATTACHMENTS**

The following information must be attached for each Plan to be covered under the proposed policy:

- Please attach the most recent annual audited financial statements or report.
- **Plan Financials** - Most recent filed Form 5500 and Audited Financial Statements completed by the CPA for the five largest sponsored plans [please include financials for any defined benefit retirement plan; defined contribution retirement plans; and any sponsored health plan]
- **For Defined Contribution Plans** - provide a copy of the most recent quarterly rule 408(b)2 plan and rule 404(a)(5) participant fee disclosure from the recordkeeper for sponsored defined contribution plans [or comparable fee transparency report]; and most recent quarterly advisor report reviewing plan fees or performance of plan investment options.
- **For Sponsored Health Plans** - provide a copy of the 408(b)(2)(B) fee disclosure (if available)

Please submit this application and all required attachments to:

**Encore Fiduciary**  
100 East Street SE, Suite 204  
Vienna, Virginia 22180  
(571) 730-4810 (phone) | (571) 730-4813 (fax)  
mail@encorefiduciary.com

## **V. SIGNATURE**

The undersigned represents, that to the best of his/her knowledge and belief the statements set forth herein are true, and he/she has not withheld any information which is reasonably likely to influence the judgment of Hudson Insurance Company in considering this application for fiduciary liability insurance. The undersigned further represents that if the information supplied on this application changes between the date of this application and the effective date of the insurance or the time when the policy is bound (whichever is later), the undersigned will immediately notify Hudson Insurance Company in writing of such changes and Hudson Insurance Company may withdraw or modify any outstanding quotations based upon such changes. The signing of this application does not bind Hudson Insurance Company to complete the insurance, but it is agreed that this application and any attachments form the basis of the contract should a policy be issued and shall be deemed attached to and form part of a policy. Hudson Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application it deems necessary. **Please note electronically reproduced signatures will be treated as original.**

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **FRAUD WARNINGS**

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to injure, deceive, defraud any insurer or other person files an application or a claim containing any false, incomplete or misleading information or conceals information concerning any material fact may be guilty of insurance fraud, which is a crime and may subject such person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO APPLICANTS IN AR, FL, KY, MN, NJ, AND PA:** 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.

**NOTICE TO ALL OTHER APPLICANTS:** Any person who knowingly and with intent to injure, deceive, defraud any insurer or other person files an application or a claim containing any false, incomplete or misleading information or conceals information concerning any material fact commits insurance fraud, which is a crime and subjects such person to criminal and civil penalties.