



Please complete a separate Application for each Trust

Name of Trust: _____

Industries of Trades Respresented: _____

Name of Authorized Representative: _____

Address of Authorized Representative: _____

Coverage Requested:

Fiduciary Liability and Defense Cost Coverage: \$ _____

Policy Period: From: _____ To _____

Size of Trust (past 3 Years):

Please attach form 5500 if applicable and latest auditor's report and opinion.

Year	Total Assets	Contributions made During past year	# of Participants
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Year Trust Established: _____

Please attach list of names and current positions of all current Trustees.

Fund Manager, or: Plan Administrator: (Firm Name)	Name	Year Employed
	_____	_____
Actuary/Consultant:	_____	_____
Legal Counsel:	_____	_____
Investment Manager	_____	_____
Custodian of Assets:	_____	_____

Is coverage desired for any others who are not trustees or employees of any trust? Yes No
If yes, list names, positions and employer of individuals for whom coverage is requested:

Has the name of the Trust been changed? Yes No
Has any other Trust been added or merged into the Trust? Yes No
If Yes, explain: _____

Are the Plan benefits insured, self-insured, combination? If insured, give name of carrier:

Are daily operations actually administered by (give names):

Bank or Trust Company:
Insurance Company:

Fund Office:
Contract Administrator:

If the Trust does not retain an independent investment manager, who does make the investment decisions?

Does the Plan conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA and/or any similar common or statutory Law of Canada? Yes No. If No, explain:

How often are formal trustee meetings held? _____

Are there any violations of prohibited transactions and party-in-interest rules Yes No
If yes, explain: _____

Has there been a significant (more than 10%) change in outstanding delinquent contributions since the last 5500 and/or auditors report? Yes No. If yes, explain. _____

Has any Fiduciary for whom insurance will be provided been:

Sued, found guilty or held liable for a breach of trust?	Yes	No
Refused coverage under a fidelity bond?	Yes	No
Found guilty of a criminal complaint (as enumerated in Sec. 411 of ERISA or any similar common or statutory Law of Canada)?	Yes	No

If yes to any of the above, explain: _____

Prior Experience: (Check only 1 of the following 2 boxes, and complete only one section)

New Policy:

A. Have any claims (other than for benefits) been made during the past 5 years against the Plan or any of the current or past fiduciaries. Yes No. If yes, explain: _____

B. Do any of the fiduciaries have knowledge or information of circumstances which may result in A claim being made against the Plan or any of the current or past fiduciaries which might involve the coverage of the proposed policy (other than for benefits): . Yes No. If yes, explain:

Renewal Policy of the company

A. Are there any pending claims? Yes No. If yes, explain: _____

The person completing this application on behalf of all persons for whom coverage is requested affirms that all the information contained herein is completed and correct to his/her knowledge.

Date: _____ SIGNED: _____

Title (Trustee, Administrator)