

FIDUCIARY PROPOSAL FORM

Name of Company: _____

Street Address: _____

City, State, Zip: _____

EMPLOYEE BENEFIT PLAN INFORMATION

1. In an attachment to this Proposal Form, provide the name and the total asset value for each Employee Benefit Plan sponsored by the Company or its Subsidiaries for which coverage is desired (hereinafter referred to as the Plans).
2. If the Company sponsors an Employee Stock Ownership Plan or Trust, is the Trustee of such Plan represented on the Board of Directors? ☐ Not Applicable ☐ Yes ☐ No
3. Has the Company been involved in any actual merger, consolidation, acquisition, tender offer, divestment, or sale of its stock in excess of 25% of the total stock outstanding within the last three years? ☐ Yes ☐ No
If "Yes", provide by attachment details and effects on the Employee Pension/Welfare Benefit Plan(s).
4. Has the Company or any Subsidiary terminated or contemplated terminating any Employee Benefit Plan within the past three years or within the next 12 months? ☐ Yes ☐ No
If "Yes", provide details in an attachment to this Proposal Form.
5. Has any Plan had, at any time during the current year or last five years, a funding deficiency? ☐ Yes ☐ No
If "Yes", provide the name of the Plan, amount of the deficiency and current status in an attachment to this Proposal Form.
6. Have current plan assets been borrowed by, or loaned or pledged to any party-in-interest? ☐ Yes ☐ No
If "Yes", provide details in an attachment to this Proposal Form.
7. Has any plan(s) invested in more than 10% of any corporation or partnership? ☐ Yes ☐ No
If "Yes", attach a list of such investments.
8. Does any Plan employ the services of:
 - (a) Any professional Investment Advisory Firm? If so, provide name of firm: _____
 - (b) Any professional Actuarial Firm? If so, provide name of firm: _____
 - (c) Date of latest Actuarial Assessment: _____
 - (d) Did the Assessment contain qualifications? ☐ Yes ☐ No
If "Yes", attach a copy of the Assessment.
 - e. Were all the criticisms in the Assessment corrected? ☐ Yes ☐ No
9. Have the Plans been amended to comply with the "Employee Retirement Income Security Act of 1974" (ERISA) where applicable and are the Plans reviewed and/or audited periodically to ensure compliance? ☐ Yes ☐ No
If "No", provide details in an attachment to this Proposal Form.

PRIOR ACTIVITIES

10. Have there been during the last five years, or are there now pending, any claims or suits brought against the Plan(s), Sponsor Organization or its Subsidiaries, or any person proposed for this insurance which would have been covered by insurance similar to that herein applied for? ☐ Yes ☐ No
If "Yes", provide details in an attachment to this Proposal Form.

IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED FROM THE PROPOSED COVERAGE.

11. Is the undersigned or any other person(s) proposed for this insurance aware of any fact, circumstance or situation involving the Sponsor Organization, its Subsidiary(ies), the Plan(s) or any other person proposed for this insurance, which he or she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? ☐ Yes ☐ No
If "Yes", provide details in an attachment to this Proposal Form.

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

12. Previous Employee Pension/Welfare Benefit Plan Fiduciary Liability Insurance (answer each item):
- a. Carrier _____
 - b. Limit _____ Deductible _____ Policy Period _____ Premium _____
 - c. Has any Claim been made or has notice been given to any Insurer? ☐ Yes ☐ No
 - d. Has any carrier refused, cancelled or non-renewed coverage? ☐ Yes ☐ No
 - e. If cancelled or non-renewed, has the discovery option been exercised? ☐ Yes ☐ No
- If "Yes" to any of the above, please provide details in an attachment to this Proposal Form.

The undersigned Plan Administrator(s) and Officer of the Sponsor Organization on behalf of the Sponsor Organization, Plan(s) proposed and any other person(s) proposed for this insurance declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agree that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Persons that the particulars and statements contained in this Proposal Form and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further understood and agreed by the Company and the Directors and Officers that the statements in this Proposal Form or any information provided herewith are their representations, that they are material and that this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the persons who subscribed this Proposal Form, any misstatement or omission in this Proposal Form or information provided herewith in respect of a specific Wrongful Act by a particular Director or Officer or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other Director or Officer for purposes of determining the validity of this Policy as to such other Director or Officer.

This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company and by a Plan Administrator.

_____ Signature (Senior Officer)	_____ Title	_____ Date
_____ Signature (Plan Administrator)	_____ Title	_____ Date

One copy of each of the following documents is considered part of the Proposal Form:

- (a) Copy of the most recently filed Form 5500 and schedules for all Plans listed in the response to Question 1.
- (b) If applicable, any required attachments in response to questions on this Proposal Form.

NOTE: This Proposal including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:
Great American Insurance Companies, Executive Liability Division, P.O. Box 66943, Chicago, IL 60666