

**FIDUCIARY LIABILITY SUPPLEMENT APPLICATION**  
(Defined Benefit Plans)THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY  
PLEASE READ YOUR POLICY CAREFULLY

1. Name of Parent Organization:

2. Does the plan(s) have prepared audited financial statements?  Yes  No **If yes, attach a copy of the latest audited financial statement(s).**3. Do any plans hold any contract with a guaranteed return including Guaranteed Investment Contracts (GIC's), Guaranteed Annuity Contracts (GAC's) or Bank Investment Contracts (BIC's)?  Yes  No **If yes, provide details by attachment.**4. Within the past three (3) years, has any party in interest (as defined by ERISA) with respect to any plan engaged in any transaction prohibited by ERISA, including but not limited to: **If yes to any question, please provide details by attachment.**

- a. The sale, exchange or lease of property between the plan and such party?  Yes  No  
b. The lending of money or the extending of credit between the plan and such party?  Yes  No  
c. The furnishing of goods, services or facilities between the plan and such party?  Yes  No  
d. The transfer to, or use of plan assets by or for, any such party?  Yes  No  
e. The investment in or acquisition by the plan of securities or real property of any such person?  Yes  No

5. Does the actuary attest that all defined benefit plans are funded in accordance with the requirements of ERISA or other applicable law?  Yes  No **If no, provide details.****I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Flexi Plus Five Application and is subject to the same conditions as stated on the application.**\_\_\_\_\_  
Name (Please Print)\_\_\_\_\_  
Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR)**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Produced By: (Section to be completed by Agent/Broker)

Agent:

Agency:

Agency Taxpayer ID or SS No.:

Agent License No:

Address (Street, City, State, Zip) :

## ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

\_\_\_\_\_  
Signature

Date