

FLEXI PROTECTION PLUS FIDUCIARY LIABILITY SUPPLEMENT

Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/controlled non-profit subsidiaries.

1. Name of the Applicant:

2. Plan Name	Plan Type*	Assets- (Latest Fiscal Year End)	Participants
Ex: ABC Non Profit Defined Pension Plan	2	\$1,000,000	75

a)

b)

c)

* 1=Employee Welfare Benefit Plan (as defined by ERISA), 2= Defined Contribution Plan (as defined by ERISA), 3= Defined Benefit Plan (as defined by ERISA), 4=Other – Specify

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.

4. Does the plan(s) have audited financial statements? Yes No If yes, please attach a copy of the latest audited financial statement.

5. Is each plan reviewed periodically to assure there are no violations of ERISA (e.g. prohibited transactions or party in interest rules)? If no, provide an explanation.

6. 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.

6a. The sale, exchange or lease of property between the plan and such party? Yes No

6b. The lending of money or the extending of credit between the plan and such party? Yes No

6c. The furnishing of goods, services or facilities between the plan and such party? Yes No

6d. The transfer to, or use of plan assets by or for, any such party? Yes No

6e. The investment in or acquisition by the plan of securities or real property of any such person?
Yes No

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