

Full Name of all Partners/ Principals/ Key Employees (Technical, Managerial, Supervisory)	Professional Designations	Level of Education	How Long in Practice	How Long as Partner/ Principal

13. List revenue from services provided.

Services Provided	Gross Revenues for Last Year	Gross Revenues for Current Year	Projected Gross Revenues for Next Year
Administrative and Actuarial Consulting	\$	\$	\$
Insurance Sales	\$	\$	\$
401(k) and Mutual Fund Sales and Servicing	\$	\$	\$
Investment consulting for a Fee or Commission	\$	\$	\$
Other (describe):	\$	\$	\$
Other (describe):	\$	\$	\$

14. Indicate the approximate number of plans and the approximate revenue generated by these plans for the following categories of clients.

Category	Number of Plans	Revenue for Last Year	Revenue for Current Year	Projected Revenue for Next Year
Unions		\$	\$	\$
Attorney/Law Firms		\$	\$	\$
Physician/Physician Groups/Dentists		\$	\$	\$

15. Briefly describe your three largest clients in the past year by fee income:

Nature of Services Provided	Revenues
	\$
	\$
	\$

16. Do you conduct any business activities outside of the USA where any OFAC Economic and Trade Sanctions or any other Regulations are currently in place: Yes No

22. Do you have access to any customers' funds? Yes No (If "no," skip to 22b)
- a. If yes, do you warrant that you use a dual controls accounting system which means an accounting system with established procedures that include two or more independent controls to prevent embezzlement and misdirected funds? Yes No
- b. If no, do you warrant that you will use a dual controls accounting system which means an accounting system with established procedures that include two or more independent controls to prevent embezzlement and misdirected funds if you have access to any customer's funds in the future? Yes No

23. a. Do you administer or provide services for any defined benefit plans that have an AFTAP funding status below 80% excluding one man plans or plans that have 50% or more owners? Yes No
- b. Do you administer or provide services for any public sector plans where the net pension liability is funded less than 80%. Yes No

If "Yes," please complete the attached Underfunded Plan Supplemental for each defined benefit plan and/or public section plan funded less than 80%.

24. Do you adjust fees to settle minor errors and/or omissions? Yes No If "Yes," please explain.

25. Do you use a written contract? Yes No
- If "Yes," are contracts updated and resigned every year? Yes No
- If "No," how do you define your responsibilities to your customers? _____

26. Do you sell variable annuities: Yes No
- If "Yes," do you have your customers sign off saying that they understand the nature of these annuities? Yes No

27. Please provide the following information for similar insurance, if any, carried during the last three years.

Policy Term	Company	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

28. Original date from which have carried **UNINTERRUPTED** professional liability coverage either with CIMA or another carrier. _____

NOTE: This date determines the retroactive date on your policy. **EXAMPLE:** If you first purchased professional liability insurance on June 1, 1982 and have continuously renewed coverage each year, you would answer this question June 1, 1982

29. Does any person to be insured have knowledge or information of any act, error omission (including fee disputes) which might reasonably be expected to give rise to a claim? ("Claim" shall mean a demand received by the insured for money or services, including service of suit or institution of arbitration proceedings against the insured.) Yes No

If "Yes," please provide a full explanation. _____

30. Have any of the individuals listed in Question 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

If "Yes," please explain. _____

31. Please advise status of all professional liability claims against any proposed insured(s) during the past five years. If none, please check here: None

If there are claims, please complete the Claim/Incident Supplemental Form for each claim during the past five years.

It is agreed with respect to questions 29, 30 and 31 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

PLEASE READ CAREFULLY: THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND AFTER INQUIRY OF ALL PEOPLE LISTED IN QUESTION 12, THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

Applicant's Signature (Owner, Partner, or Senior Officer)

Title

Printed Name

Date

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

NOTICE TO ALL APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION, CONCERNING ANY FACT MATERIAL THERETO, NOW OR AT ANY TIME, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Notice to California Customers: License #0B01377; 0G99581 and #0184209; CIMA Companies Insurance Services. License #0G09538 and #0G99581, XS Insurance Services.

Notice to Rhode Island Customers: This Insurance contract has been placed with an insurer not licensed to do business in the state of Rhode Island but is approved as a surplus lines insurer. The insurer is not a member of the Rhode Island insurers insolvency fund. Should the insurer become insolvent, the protection and benefits of the Rhode Island insurers insolvency fund are not available.

Notice to Wyoming Customers: The insurer with which the surplus lines broker places the insurance is not licensed by this state and is not subject to its supervision. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty association.

Professional Liability Insurance for Pension Professionals Claim/Incident Supplemental Form

Complete one form for each claim or circumstance during the last 5 years. If space is insufficient to answer any questions fully, provide separate attachments.

1. Name of applicant: _____
2. Full name of individuals involved in the claim: _____
3. Full name of claimant: _____
4. Date of alleged error: _____ Date of claim: _____
5. Has this claim, suit or circumstance been reported to any insurance carrier? Yes No
If yes, date reported to the insurance carrier? _____
6. Name of insurance company the claim, suit or circumstance reported to: _____
7. Claim status: Closed Open In Suit Potential
8. If paid:
 - a. Amount of damages paid: _____
 - b. Amount of expenses paid: _____
9. If open or in suit:
 - a. Total damages demanded: _____
 - b. Total expenses paid to date: _____
 - c. E&O carrier loss reserve: _____ **IMPORTANT**
10. Act, error or omission alleged by claimant:

11. Description of claim and events:

12. What policies and/or procedures have been implemented or revised to prevent a recurrence of a similar claim, suit or circumstance?

The statements included on this page are true and correct to the best of my knowledge.

Applicant's Signature: _____ Title: _____
(Owner, Partner or Senior Officer)

Printed Name: _____ Date: _____

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Professional Liability Insurance for Pension Professionals Underfunded Plan Supplemental

Complete one form for each underfunded plan. If space is insufficient to answer any questions fully, provide separate attachments.

1. Name of plan: _____

2. Year plan was established: _____

3. Number of participants: _____

4. What are the assets of the plan? \$ _____
What are the liabilities of the plan? \$ _____

5. What services do you provide for this plan? Administrative Actuarial Other

Describe in detail the services you provide:

6. What type of plan is this? Public/Government Plan Multiple Employer Plan/MEWA Professional Employer Organization Taft-Hartley Plan Single Employer/Corporate Plans

7. What is the most current funding status or funded percentage? _____

Provide a narrative of the course of action being taken to improve the funded percentage.

8. Has a favorable IRS Plan Determination letter been received? Yes No

If no, explain why not:

The statements included on this page are true and correct to the best of my knowledge.

Applicant's Signature: _____ Title: _____
(Owner, Partner or Senior Officer)

Printed Name: _____ Date: _____

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