

Trust Fund Protection Plan Application

(Underwritten by Liberty International Underwriters)

Insurance for Single and Multi-Employer Pension and Employee Benefit Trust Funds

NOTE: To receive a quotation you must submit with this application the most recent:

- **Audited Financial Statements of each Funded Plan**
- **Copy of Trust Fund Mandate / Agreement of each Funded Plan**

PART A – GENERAL INFORMATION

1. Name of Trust Fund(s) or Plan(s):

Business Address:

Contact (Name and Position):

2. Sponsor Type: Single Employer Plan Multi-Employer Plan Other

If “Other”, please explain:

3. Insurance Requested:

Limit of Liability drop-down boxes initially show the basic program limits. Click on the dollar amount to select a different limit. Please note that the Limit of Liability for Bodily Injury and Property Damage, Personal Injury Liability and Advertising Injury Liability must all be the same amount. Medical Payments and Elevator Collision are no cost options.

Coverage	Limit of Liability
Commercial General Liability Bodily Injury and Property Damage Personal Injury Liability Tenants Legal Liability Medical Payments Advertising Injury Liability Elevator Collision Employee Benefits Liability	\$2,000,000 each Occurrence \$2,000,000 each Claim \$250,000 each Claim \$25,000 each Occurrence \$2,000,000 each Claim \$2,000,000 each Accident \$1,000,000 each Claim
Non-Owned Automobile	\$2,000,000 any one Accident
Comprehensive Dishonesty, Disappearance and Destruction – Employee Dishonesty (Form A)	\$500,000 each Loss
Accidental Death & Dismemberment	\$25,000 per claim / \$250,000 Aggregate

4. Policy Period: From To

5. Complete the following for all Plans to be Insured. Please attach an additional sheet if needed.

Fund Name	Type of Plan	Total Assets Of Fund	Annual Contributions	# Of Participants	Date Established

Indicate the type of industries or members that the Fund serves:

7. List the members of the Board of Trustees for all plans above (attach a separate list if space below is not sufficient)

Name of Trustee	Classification of Trustee EMPLOYER / MANAGEMENT or LABOUR / UNION	Years on Board of Trustees
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

8. How often are Trustee meetings held?

9. How are Trustees kept informed of new developments, operational results, etc, between meetings.

PART B – Commercial General Liability Insurance

Please answer all questions in full.

1. Does the Trust Fund have any Employees? YES NO

If “Yes”: How many?
Employed in what capacity?

2. Does the Union lend any employees to the Trust Fund in any capacity other than Trustee?

If “Yes”: How many?
Employed in what capacity?

Does the Trust Fund own or have equity in any building/land? YES NO

- If “Yes”, indicate the address, indicate the interest in the property and the use of the property:

Address of Location or Property	Use/Occupancy	Premises Insured?

3. Has any Commercial General Liability Insurance, Employee Benefits Liability Insurance, Accidental Death & Dismemberment Insurance or Employee Dishonesty/Fidelity Insurance carried by the applicant been declined or cancelled within the past 6 years by any insurer?

YES NO (If “Yes”, provide details on separate paper).

4. Does the Board of Trustees use the services of an outside Third Party Administrator? YES NO

If, “Yes”,

- Is there a written agreement? (If “Yes”, please provide copy with application) YES NO
- Has the board of Trustees given up any rights of subrogation in favour of the administrator? YES NO
- Has Third Party Administrator provided proof of insurance? YES NO

5. Have there been any previous CGL claims or suits or losses? YES NO

If “Yes”, provide details:

- Description of Loss:
- Date of Loss:
- Amount of Loss:

If one of the funds to be insured is a Training Fund, please answer the following Questions 6 to 10.

6. Where are the courses held?

7. Does the Training Fund hold courses in a training centre? YES NO

If "Yes", who owns the centre? Union Training Fund Other

- Square Footage of training centre:

8. Who hires the instructors? Union Training Fund Other (Describe "Other":)

9. Who co-ordinates / conducts the training? Union Training Fund Other

If "Union" or "Other", is there a "hold harmless" agreement for the Training Fund that relieves the Trust Fund of liability in the event a trainee is injured? YES NO

If "Yes", please explain:

10. Course Information for the upcoming policy year. Please attach a separate sheet if required.

NAME OF COURSE	LENGTH OF COURSE	# SESSIONS PER YEAR	# TRAINEES PER SESSION

PART C - COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION INSURANCE

Please note that all sections and questions that follow must be answered in full. However:

1. If the Fund is *Self-administered* then Section 2 (a) must be filled out indicating the controls that the Trustees have in place; or
2. If the Fund is *administered by an independent Third Party Administrator (TPA)* and this TPA is *NOT* to be added to this policy as an Additional Insured, then skip Section 2 (a); or
3. If the Fund is *administered by an independent Third Party Administrator (TPA)* that is to be added to this policy as an *Additional Insured*, then skip Section 2 (a) and have the TPA complete PART E - Supplementary Application starting on page 9.

Section 1 - Fund Audits

What types of audits are performed?	Financial <input type="checkbox"/> Operational <input type="checkbox"/> Procedural <input type="checkbox"/>
How frequently?	Semi-annual <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> (describe)
By whom? When was the date of the last audit? Were concerns raised in the last audit? When is the next audit scheduled?	Name: CA <input type="checkbox"/> CPA <input type="checkbox"/> Other <input type="checkbox"/> Date: Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes", please provide details on separate paper) Date:

Section 2 - Internal Controls

Is the Fund Self Administered by the Trustees? • <i>If Yes, go to Section 2 (a)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Board of Trustees use the service of an outside Third Party Administrator? • If Yes, Is there a written agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Has the Board of Trustees given up any rights of subrogation in favour of the administrator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Has the Third Party Administrator provided proof that they have their own Fidelity coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is the Third Party Administrator to be added to this policy as Additional Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• <i>If Yes, PART E - Supplementary Application must be completed by the Third Party Administrator.</i>	<i>See PART E - Supplementary Application.</i>

Section 2 (a) - Self-Administered Plan(s)

(Note: must be answered by the Trustees if the Fund(s) is Self Administered)

Does the Fund Transfer Funds electronically? What is the average number of transfers annually? Is there a procedures manual for Transfers?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Are cash payments taken from members? • If Yes, who receives the members' payment? • Are receipts provided to confirm cash transactions? • Are receipt forms sequentially numbered? • How often are cash reconciliations performed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (describe)
Are bank accounts reconciled daily? • If No, what is the frequency? Are bank accounts reconciled by someone NOT authorized to deposit or withdraw funds?	Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (describe) Yes <input type="checkbox"/> No <input type="checkbox"/>
Must all cheque requisitions and issued cheques be countersigned? • If Yes, by whom? Are cheque forms sequentially numbered? Are blank cheque forms protected from unauthorized access? How often is a reconciliation made to cheques issued?	Yes <input type="checkbox"/> No <input type="checkbox"/> Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (describe)
Does the applicant use a cheque-writing machine? Is the machine protected from unauthorized access?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Who performs Accounts Receivable functions? Who performs Accounts Payable functions? Is the same individual performing both functions? Are bank deposits/withdrawals reconciled by the same individuals holding one or both of the above positions?	Position: Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any employees have access to/use of a corporate credit card? • If Yes, who? Is a reconciliation performed to ensure proper use of the card? • If Yes, how often is the reconciliation made? • By whom?	Yes <input type="checkbox"/> No <input type="checkbox"/> Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Other (describe) Position:
Who purchases inventory? Who controls/monitors/inventory? How often is reconciliation made? By whom?	Position: Position: Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (describe) Position:
Who is responsible for opening/closing the premises? What controls are in place to ensure: • Keys cannot be duplicated • Keys are controlled and accounted for • Entry into premises after hours is controlled	Position:
What controls are in place to prevent: • Telephone Fraud • Computer Fraud • Cyberspace Exposure	

Section 3 - External Controls

Do outside personnel collect money? • If Yes, who? • If Yes, is a reconciliation made of money collected? • Frequency of reconciliation? • Reconciliation performed by?	Yes <input type="checkbox"/> No <input type="checkbox"/> Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Same day <input type="checkbox"/> Next day <input type="checkbox"/> Other (describe). Position:
Does the company deliver merchandise/inventory to customers? • If Yes, is a reconciliation made of all goods delivered? • Frequency of reconciliation? • Reconciliation performed by?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same day <input type="checkbox"/> Next day <input type="checkbox"/> Other (describe). Position:

Section 4 - Details On Losses Incurred Over Past 6 Years

Description Of Loss	Date Of Loss	Amount Of Loss	Corrective Steps Taken

If more space is needed, please provide additional details in the space provided on Page 12 of the Application.

Section 5 - Prior Coverage To Be Superseded

Check If None

Form of Bond/Policy	Effective Date	Limit of Liability	Name of Insurer

Section 6 – General Questions

Has any Employee Dishonesty Insurance carried by the applicant been declined or cancelled within the past 6 years by any insurer? • If Yes, please provide details on separate paper.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there likely to be an increase in the number of employees or of premises during the policy period? • If Yes please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the Trustees conduct a prior employment/personal reference check on all individuals applying for employment with the Fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 7 - Classification Of Trustees & Employees

Important Note: This list must include the applicants' entire personnel as of the date of this application

Class A personnel includes the Trustees and the plan Administrator. Other employees (where applicable) who, as a part of their regular duties, handle or have custody of money, securities or other property, including in any event, all occupants of positions listed in the table below are Class A personnel. Note: If a person falls into more than one category they should only be counted once.

Note: Even though they may, on occasion, handle money or securities, the following positions should not, for that reason, be classified as Class A Employees: inside messengers, clerks, typists, stenographers and computer operators, receptionists and other similar positions.

<u>POSITION</u>	<u>NUMBER</u>
1. Trustees and Administrators.	
2. Accounting Personnel of the Trust Fund (includes accountants, auditors, cashiers, bookkeepers, paymasters and other similar positions)	
3. All other persons handling funds (including employees of a Union that may provide services to the Trust Fund).	
SUB-TOTAL (TOTAL NUMBER OF CLASS A PERSONNEL)	

4. All other employees

TOTAL NUMBER OF ALL TRUSTEES & EMPLOYEES

PART D – ACKNOWLEDGMENT

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

They further affirm that to the best of their knowledge and belief the Trustees and employees have all always performed their respective duties honestly while in the service of the trust fund. There has never come to the applicant's notice or knowledge any information, which, in the judgment of the applicant indicates that any of the said trustees or employees are dishonest. Such knowledge as any trustee signing for the applicant may now have in respect to his own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.

The foregoing statements and representations are each, every and all, true, full and complete, and shall be held to form the basis of the contract under which the policy applied for shall be issued and continue in force. If any information provided by the applicant in this application is found to be false or misleading and would alter the company's decision to provide the insurance coverage applied, it is agreed that the coverage, if under binder or policy, is subject to immediate cancellation.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada

Dated at _____ this _____ day of _____, 200_____

(Applicant)

(Signature of Chairperson of the Board of Trustees
or the longest serving Trustee)

PART E – Supplementary Application – Third Party Administrator

The *Third Party Administrator (TPA)* must complete this section if they wish to be added to the policy as an Additional Insured.

Please note: Coverage under this policy is strictly in excess of the TPA's own Primary policy coverage, i.e. the TPA must have their own Fidelity Insurance in place.

Please indicate present Fidelity Insurance Carrier: Please indicate present Policy Number: Please indicate Policy Term:	From to
Does the Trust Fund Transfer Funds electronically? What is the average number of transfers annually? Is there a procedures manual for Transfers?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Are cash payments taken from members? • If Yes, who receives the members' payment? Are receipts provided to confirm cash transactions? Are receipt forms sequentially numbered? How often are cash reconciliation performed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (describe)
Are bank accounts reconciled daily? • If No, what is the frequency? Are bank accounts reconciled by someone NOT authorized to deposit or withdraw funds?	Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (describe) Yes <input type="checkbox"/> No <input type="checkbox"/>
Must all cheque requisitions and issued cheques be countersigned? • If Yes, by whom? Are cheque forms sequentially numbered? Are blank cheque forms protected from unauthorized access? How often is a reconciliation made to cheques issued?	Yes <input type="checkbox"/> No <input type="checkbox"/> Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (describe)
Does the applicant use a cheque-writing machine? Is the machine protected from unauthorized access?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Who performs Accounts Receivable functions? Who performs Accounts Payable functions? Is the same individual performing both functions? Do the same individuals holding one or both of the above positions reconcile bank deposits/withdrawals?	Position: Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any employees have access to/use of a corporate credit card? • If Yes, who? Is a reconciliation performed to ensure proper use of the card? • If Yes, how often is the reconciliation made? • By whom?	Yes <input type="checkbox"/> No <input type="checkbox"/> Position: Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Other (describe) Position:
Who purchases inventory? Who controls/monitors/inventory? How often is reconciliation made? By whom?	Position: Position: Monthly <input type="checkbox"/> Annually Other (describe) Position:
Who is responsible for opening/closing the premises? What controls are in place to ensure: <ul style="list-style-type: none"> • Keys cannot be duplicated • Keys are controlled and accounted for • Entry into premises after hours is controlled 	Position:

<p>What controls are in place to prevent:</p> <p>Telephone Fraud</p> <p>Computer Fraud</p> <p>Cyberspace Exposure</p>	
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The foregoing statements and representations are each, every and all, true, full and complete, and shall be held to form the basis of the contract under which the policy applied for shall be issued and continue in force.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada

Dated at _____ this _____ day of _____, 200_____

 (Signature and title of an Authorized Representative
 of the Third Party Administrator)

Applicant's Explanations, Notes or Comments: