



# PENSION FIDUCIARY LIABILITY INSURANCE SUPPLEMENTARY APPLICATION

**PLEASE ANSWER ALL QUESTIONS  
IF SPACE IS INSUFFICIENT, PLEASE ATTACH DETAILS BY ADDENDUM**

1. **Applicant** (Sponsor Organization):

**Address:**

Web Address: \_\_\_\_\_

2. Nature of Sponsor Organization's business:

3. Plan to be covered and date established: (if more than one Plan, please attach by addendum)

4. Policy Period Requested: From : \_\_\_\_\_ To: \_\_\_\_\_

5. Limits requested: \_\_\_\_\_

6. Please complete the following chart, showing the 3 year history of each funded Plan:

YEAR	TOTAL PLAN ASSETS	ANNUAL CONTRIBUTIONS	NUMBER OF PARTICIPANTS

7. Please list the names, and years employed, of the following:

	<u>Name</u>	<u>Years Employed</u>
a) Independent Actuary:	_____	_____
b) Bankers:	_____	_____
c) Independent Investment Advisor:	_____	_____

	<u>Name</u>	<u>Years Employed</u>
d) Professional Administrator:	_____	_____
e) Legal Counsel:	_____	_____
f) Chartered Accountant:	_____	_____

8. The Plan sponsorship is:  Sole  
 Multi-employer / Collectively Bargained. **Attach details.**  
 Multiple Employer. **Attach details.**  
 Other. **Attach details.**

9. The Plan is actually administered by: Please Specify
- Bank or Trust Company \_\_\_\_\_
- Insurance Company \_\_\_\_\_
- Other \_\_\_\_\_
- Sponsor Organization and/or its Pension Committee \_\_\_\_\_

10. If the Plan does not retain an independent investment manager, who makes the investment decisions?
- \_\_\_\_\_

11. Are the Plan benefits secured by insurance (e.g. annuity, medical policy, etc)?  Yes  No  
**If 'Yes', state the name of the Insurance Company:**

\_\_\_\_\_

12. Is the Plan adequately funded as attested by an Actuary?  Yes  No  
**If 'No', attach details.**

13. Has Revenue Canada withdrawn or threatened to withdraw the tax exempt status of the Plan?  Yes  No  
**If 'Yes', attach details.**

14. For any Plan of a Defined Benefit nature, has there been any discussions by the trustee or management concerning removing surplus funds from the Plan?  Yes  No  
**If 'Yes', attach details.**

15. Has any Plan to be covered:
- a) Filed or been considered for termination?  Yes  No
- b) Ceased to accept new participants or ceased benefit accruals?  Yes  No
- c) Been involved in a transfer of assets to or from any other Plan?  Yes  No
- d) Merged or consolidated into another Plan within the past three years?  Yes  No

**If any answer to 14 above is 'Yes', attach details.**

16. Has the Applicant or any other proposed entity or person:
- a) been involved in any civil or criminal action or litigation, inquiry, investigation, complaint, or notice from any government regulatory authority or committee, during the past three (3) years?  Yes  No  
**If 'Yes', attach details.**
- b) denied coverage under a Fidelity Bond? **If 'Yes', attach details.**  Yes  No

17. Is there any claim now pending, or has any other claim been brought at any time during the last three (3) years, against any Applicant or any Fiduciaries or Trustees, past or present, or other proposed entity or person (other than for benefits)? **If 'Yes', attach details.**  Yes  No

18. Please provide the following details regarding any previous Pension Fiduciary Liability Insurance:

**Check here if no previous insurance**

Name of Insurer	Limit of Policy	Deductible	Period	Premium	Claims

19. Has any similar insurance coverage been declined or cancelled or renewal thereof refused? **If 'Yes', attach details.**  Yes  No

**Prior Knowledge/Warranty**

20. No Applicant or any other entity or person proposed for coverage has knowledge or information of any facts, circumstances, or situations which could reasonably be expected to result in any future claim being made against them which would fall within the scope of the proposed coverage?

**If no such knowledge or information, check here:**  **'None.'** **Otherwise, attach details.**

**It is agreed that if any such facts, circumstances or situations exist, whether or not disclosed, any claim or action based upon or arising from them shall be excluded from this proposed coverage.**

**ADDITIONAL INFORMATION REQUIRED :**

21. Please attach the following as applicable:
- Audited Financial Statements of the Applicant (Sponsor Organization)
  - Audited Financial Statements and Actuarial Report of each funded Plan
  - Investment portfolio of each funded Plan

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**