



"The Answer"

CORPORATE DIRECTORS & OFFICERS LIABILITY AND EMPLOYMENT PRACTICES FIDUCIARY LIABILITY SUPPLEMENTAL APPLICATION

Forming part of CDAPP or CDRENAPP

1. Name of Sponsor Organization: _____
 Please complete a Supplement for each (if more than one) Sponsor Organization
 If you have a website, include your website address: _____ E-mail Address: _____
2. Do you have a Pension Plan? Yes No If "Yes", is it Defined Benefit Plan or Defined Contribution Plan
 Total Assets \$ _____ Contributions \$ _____ Number of Participants _____
3. Do you have an Employee Stock Ownership Plan (ESOP)? Yes No
 If "Yes": Total Assets \$ _____ Contributions \$ _____ Number of Participants _____
4. Do you have a Welfare Benefits Plan(s)? Yes No
 If "Yes", Type of plan(s) _____ Number of Participants _____
5. Are there any other plans for which you are seeking coverage? Yes No If "Yes", provide complete details.

6. Have any of the following taken place or been agreed to in the past 3 years or are any anticipated in the next 12 months?
 If "Yes", please explain fully in an attachment.
 - a. Merger, transfer of assets, or termination of a Plan(s)? Yes No
 - b. Funding deficiency or delinquent contributions? Yes No
 - c. Formation or acquisition of a Plan Yes No
7. Does each 401K Plan allow the participants to select from at least 3 investment options and to monitor the performance of each selection? Yes No If "No", please explain. _____

8. Are 401k participants advised of the performance of their investment options and given the opportunity to adjust their selections at least annually? Yes No If "No", please explain. _____

9. Do you have written guidelines for each of the following:
 - a. Written Statement of Investment Policy? Yes No **If "Yes", attach a copy**
 - b. Written Service Provider Selection Process Guideline? Yes No **If "Yes", attach a copy**
 If "a" and/or "b" is answered "No", **written guidelines are required to be implemented.** Samples are provided upon request
10. Does any Plan invest more than 10% of its assets in the stock or real estate holdings of the Sponsor Organization or the Sponsor's parent or subsidiaries? Yes No
 If "Yes", please explain. _____

11. Is any Welfare Plan self insured? Yes No
 If "Yes" provide details. _____

12. Does each Pension Plan use an outside Investment Manager? Yes No
 If "No", please explain. _____

