



FIDUCIARY PROPOSAL FORM FOR MULTIEMPLOYER PLANS

Name of Plan/Trust: _____

Street Address: _____

City, State, Zip: _____

Internet Website Address: _____

Insurance Representative: _____

Address: _____

BACKGROUND INFORMATION

1. Industry Classification(s) (SIC#): _____

2. Date Trust or Plan was established: _____

3. Plan type and description (Defined Benefit, Defined Contribution, Health and/or Welfare, Training/Education, other

Year:

4. Total Assets:

5. Total Members:

6. Total Annual Contributions:

Name

Years of Service

(a) Administrator _____

(b) Consultant/Actuary _____

(c) Legal Counsel _____

(d) Investment Manager _____

(e) Certified Public Accountant _____

(f) Custodian of Assets _____

(g) If there have been any changes in the last 5 years, please provide details: _____

(h) If the above services are not performed by an outside provider, please detail who is designated to perform these services: _____

GENERAL

7. Are plan trustee's elected? Yes No
If appointed, who has the authority to make such appointments? Please provide details in an attachment to this Proposal Form.
8. How often are formal trustee meetings held? _____
9. Have there been any changes of trustees in the last three (3) years? Yes No
If "Yes", provide details including the names, circumstances, and dates of appointment and resignation in an attachment to this Proposal Form.
10. Does the plan hold any investments that promise a guaranteed return such as Guaranteed Investment Contracts (GICs) or similar investments? Yes No
If "Yes", provide the details of the type of contract, name of contract provider, current value of each contract, and expiration date in an attachment to this Proposal Form.
11. Are benefits secured by insurance? Yes No
If "Yes", provide the type of insurance and the carrier in an attachment to this Proposal Form.
12. Does the plan hold any real estate or mortgage investments including those held in pooled mortgages and/or Collateralized Mortgage Obligations (CMOs)? Yes No
If "Yes", provide details of the current value of these investments in an attachment to this Proposal Form.
13. Does the plan hold any investment exceeding 5% of the value of the fund that does not have a readily determinable market value? Yes No
If "Yes", provide details of the investment and the method of valuation (third party appraisal, etc.) in an attachment to this Proposal Form.
14. Does any plan or trust proposed for this insurance hold 10% or more of its total assets in any one particular investment? Yes No
If "Yes", provide details in an attachment to this Proposal Form.
15. Does the union board of trustees have final say over the determination of whether benefits will be paid under any health and welfare plan sponsored by this Insured? Yes No
If "Yes", provide details in an attachment to this Proposal Form.
(Note: this question only applies to applicants seeking coverage for health and welfare plans.)

PLAN CHANGES

16. In the last three (3) years has the plan been consolidated with or merged into any plan for which coverage is requested? Yes No
If "Yes", please provide details in an attachment to this Proposal Form.
17. In the last three (3) years has there been any amendment(s) to the plan that has resulted in a change or reduction in benefits to participants? Yes No
If "Yes", please provide details of the amendment and the effect on benefits in an attachment to this Proposal Form.
18. In the last three (3) years has any portion of the plan been terminated? Yes No
If "Yes", provide details including the date of the transaction, the date of any asset distribution or transfer, whether benefits were secured through the purchase of annuities, guaranteed investment contracts or similar investments, and the annuity provider in an attachment to this Proposal Form.
19. In the last three (3) years has the sponsoring union been taken over or merged? Yes No
If "Yes", provide details in an attachment to this Proposal Form.
20. Has the name of the plan been changed in the last three (3) years? Yes No
If "Yes", provide the date of the changes, the prior names and reason for the changes in an attachment to this Proposal Form.

21. Is it anticipated that any of the plan changes listed in Questions 16 -20 will occur in the next twelve (12) months? Yes No
 If "Yes", provide details in an attachment to this Proposal Form.

COMPLIANCE/FUNDING

22. Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA or applicable similar common or statutory law of the United States as attested by an actuary?
 (a) Has the plan been in compliance for the last three (3) years? Yes No
 If "No", please provide details in an attachment to this Proposal Form.
23. Are there any overdue or delinquent employer contributions to the plan or has there been a funding deficiency during the past five (5) years? Yes No
 If "Yes", identify the delinquent party and the plans to rectify this situation in an attachment to this Proposal Form.
24. Have the plan(s) been reviewed to assure there are no violations of prohibited transaction and party-in-interest rules?
 (Please provide details of all violations in an attachment to this Proposal Form.)
 If "Yes", by whom and how often is it performed? _____
 If "No", please provide details in an attachment to this Proposal Form. Yes No
25. Has the plan filed for an exemption from a prohibited transaction? Yes No
 If "Yes", please provide details in an attachment to this Proposal Form.
26. Are plan trustees aware of any conflicts of interest involving plan consultants receiving compensation from both the benefit fund and from the service providers they recommend? Yes No
 If "Yes", please provide details in an attachment to this Proposal Form.
27. Has the plan been subject to an investigation by the DOL, IRS or similar domestic or foreign regulatory agency in the last three (3) years or has the plans experienced a reportable transaction to the PBGC? Yes No
 If "Yes", please provide details in an attachment to this Proposal Form.
28. Has the IRS withdrawn or threatened to withdraw the tax exempt status of the Trust? Yes No
 If "Yes", please provide details in an attachment to this Proposal Form.
29. Is any plan loan, lease or debt obligation in default or classified as uncollectible? Yes No
 If "Yes", provide details of the obligation, the defaulted amount, and the reason for the default in an attachment to this Proposal Form.

PAST ACTIVITIES

30. Has any plan or trustee proposed for this insurance been:
 (a) accused, found guilty, or held liable for a breach of trust or fiduciary duty including violations of ERISA? Yes No
 (b) found guilty of a criminal act as enumerated in Section 411 of ERISA? Yes No
 (c) refused coverage under a fidelity bond? Yes No
 If "Yes" to any of the above, please provide details in an attachment to this Proposal Form.

IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED FROM THE PROPOSED COVERAGE.

31. Is the undersigned or any other person(s) proposed for this insurance aware of any fact, circumstance or situation involving the plan or any other person proposed for this insurance, which he or she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? Yes No
 If "Yes", please provide details in an attachment to this Proposal Form.

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

PRIOR INSURANCE

32. Provide the following insurance information:

(a) Fiduciary Liability:

Insurer	Limit	Retention	Premium	Policy Period
---------	-------	-----------	---------	---------------

(b) Has any claim been made or has notice been given to any Insurer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

(c) Has any carrier refused, cancelled, or non-renewed coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

(d) If cancelled or non-renewed, has the discovery option been exercised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If "Yes" to any of the above, please provide details in an attachment to this Proposal Form.

The undersigned Authorized Fiduciary on behalf of the Insured Plan and any other person(s) proposed for this insurance declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Renewal Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Insured Plan and the Insured Persons that the particulars and statements contained in this Proposal Form and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further understood and agreed by the Insured Plans and the Insured Persons that the statements in this Proposal Form or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who subscribed this Renewal Proposal Form, any misstatement or omission in this Proposal Form or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other Insured Persons for purposes of determining the validity of this Policy as to such other person proposed for this insurance.

This Proposal Form must be signed by a current Authorized Fiduciary or Trustee.

_____	_____	_____
Signature	Title	Date
_____	_____	_____
Print Name	Print Title	Date

One copy each of the following documents is attached to and made part of the Proposal Form:

- (a) a separate application for each plan proposed for coverage
- (b) the most recent filed Form 5500 for the plan(s) proposed for coverage
- (c) the most recent audited financial statements for each plan
- (d) names of all Trustees of the plan for the last five (5) years, including dates of service and employers name or local
- (e) the most recent actuarial report, if applicable.