



Chubb Insurance Company of Canada
 1 Adelaide Street East
 Toronto, Ontario M5C 2V9

**LABOR MANAGEMENT TRUST
 FIDUCIARY LIABILITY
 COVERAGE APPLICATION**

Underwritten in Chubb Insurance Company of Canada

THIS IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF "DEFENSE COSTS" AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. THE COMPANY SHALL NOT BE LIABLE FOR "DEFENSE COSTS" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY.

1. GENERAL INFORMATION

Name of trust or plan _____

Insurance Representative _____

Address of Insurance Representative _____

Industries or Trades Represented _____

2. MATERIAL CHANGE

Signing of this application does not bind the applicant or the Company. If there is any material change in the answers to the questions prior to the policy inception date the applicant will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

As part of this application, please attach the following (where applicable):

- * Copy of the plan or trust agreement
- * Copy of third party administration agreement(s) and investment management agreement(s)
- * Audited financial statements for the trust or plan.
- * List of all current Trustees and their Employers Name or Local.

4. LIMIT REQUESTED

Coverage	Limit Requested
Labor Management Trust Fiduciary Liability	\$ _____

5. POLICY PERIOD REQUESTED

From _____ to _____ both days at 12:01 a.m. at the principal address of the Insurance Representative.



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6. PLAN ADMINISTRATION

Name

Years Employed

Fund Manager or Contract Administrator (Firm Name)

Consultant/Actuary

CA

Legal Counsel

Investment Manager

Custodian of Assets

How are plan benefits provided? by insurance (e.g. annuity, medical, etc.) _____, self-insured _____, combination _____?

If insured, give the name of the insurance company. _____

If the trust or plan does not retain an independent investment manager, who makes the investment decisions?

Who administers the daily operations of the trust or plan? Please give the name of the firm. _____

How often are formal trustee meetings held? _____

7. SIZE OF PLAN

Year

Total Assets

Annual Contributions

Number of Participants

20 _____

\$ _____

\$ _____

20 _____

\$ _____

\$ _____

20 _____

\$ _____

\$ _____

8. RECENT PLAN CHANGES

Has the name of the trust or plan been changed? _____ Yes _____ No. If yes, when? _____ and attach details.

Has any other trust or plan been added or merged into the trust or plan? _____ Yes _____ No

Have there been any trust or plan terminations in the past 3 years? _____ Yes _____ No. If yes, attach details.

Were benefits from terminated plans secured by the purchase of annuities? _____ Yes _____ No. If yes, attach details.

Please list annuity carrier. _____

9. COMPLIANCE

Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of, in Canada, the Pension Benefits Standards Act, 1985 and any similar provincial statute, or, in the U.S., ERISA?

_____ Yes _____ No.

If no, please explain: _____



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Have the plans been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules?
 Yes No.

If no, please explain: _____
 If yes, by whom and when? _____

Has an actuary certified that the plans are adequately funded? Yes No.

If no, please explain: _____

Are there any outstanding delinquent contributions? Yes No. If yes, attach details.

Have any plans in the U.S. experienced any event reportable to the PBGC? Yes No. If yes, attach details.

Were any plan loans or obligations due the plan in default or classified as uncollectible during the plan year?
 Yes No. If yes attach details.

10. PAST ACTIVITIES

Has any fiduciary been:

- a. accused, found guilty or held liable for a breach of trust? Yes No. If yes, attach details.
- b. convicted of criminal conduct? Yes No. If yes, attach details.
- c. refused coverage under a fidelity bond? Yes No. If yes, attach details.

Have any claims (other than for benefits) been made during the past 5 years against any trust or plan or any current or past fiduciaries? Yes No. If yes, attach details.

11. PRIOR INSURANCE

Does the applicant currently have fiduciary liability insurance? Yes No. If no, skip to Section 13 and answer the prior knowledge statement. If yes, please provide the following:

Insurer	Limits	Deductible	Policy Period
_____	_____	_____	_____

Has the applicant given written notice under the provisions of any prior or current fiduciary liability policy of specific facts or circumstances which might give rise to a claim being made against any applicant? Yes No. If yes, attach details.

Have any loss payments been made on behalf of any Insured under any fiduciary liability policy or similar insurance?
 Yes No. If yes, attach details.

12. CONTINUITY WITH PRIOR COVERAGE

Note: This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested: _____

If continuity of coverage is requested:



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- a. attach a copy of the prior application with which continuity of coverage is to be maintained.
- b. the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

13. PRIOR KNOWLEDGE

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted or if there is no prior coverage.

It is important that you fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: **(if no exceptions, please state.)** _____

It is agreed that if such facts or circumstance exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.

14. FALSE INFORMATION

Any person who, knowingly and with the 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, commits a fraudulent insurance act, which is a crime.

15. DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the applicants to the effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form a part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by a current fiduciary.

_____ Date

_____ Signature

_____ Title