

THE CIMA COMPANIES, INC.

Professional Liability Insurance for Pension Professionals Application

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

INSTRUCTIONS FOR COMPLETING FORM: Using the TAB key to navigate the form, please complete information needed in the gray shaded areas. If space in this form is insufficient, please attach additional sheets containing a reference to the appropriate question on the form. When completed, please print a copy of the form, sign where indicated and mail, fax or email it to us.

1. Name of Applicant:

Address of Applicant:

Phone:

Fax:

Email:

Years in Business:

Are you a corporation, partnership, or other (please explain)?

2. Has the name of this firm changed within the past five years? Yes No

If yes, indicate change and why change occurred.

3. Has the applicant been involved in any mergers, purchases, acquisitions or sales of all or part of your business within the past five years? Yes No

If yes, please provide a detailed explanation to include the date of the change; type of acquisition (assets only or assets and liabilities); names of any other entities involved, etc.

4. Please list all subsidiaries and/or branch offices and address.

5. Limits of liability desired. \$250,000 \$500,000 \$1,000,000 \$2,000,000

6. Deductible. \$2,500 (min.) \$5,000 (base) \$7,500 \$10,000 Other

7. Describe in detail the company and professional services for which coverage is desired.

8. Is the applicant engaged in any other business or profession besides services listed in question no. 7?
Yes No

If yes, please explain outlining details of profession and percentage of gross receipts.

9. Does the applicant or any of its partners/principals/key employees (technical, managerial, supervisory) have a financial interest in any other firm that provides service to one or more of the applicant's clients? Yes No

If yes, please explain the details of that interest and the nature of the service provided by the other firm.

10. Please give the total number of retirement plans applicant currently handles.

	Fully Insured	Split Funded	Non-Insured
Defined Benefit			
Defined Contribution			

	No. of Plans	Average Size by Participants	Asset Level
Defined Benefit Plans			
Defined Contribution Plans			
Health/Benefit Plans			
Health/Benefit Administration			

11. Please provide the following.

	No. of Employees	Percentage of Plans Worked On (Not Limit to 100%)
a. Actuaries		
- Enrolled		
- Not Enrolled		
b. Plan Administrators		
- Supervisory Level		
- With 5 or more Years Experience		
- With Less than 5 Years Experience		
c. Plan Consultants		
- With 5 or more Years Experience		
- With Less than 5 Years Experience		
d. Marketing and Sales Staff		
- With more than 3 Years Experience		
e. Attorneys		
Paralegals		
CPA's		
Investment Counselors		
f. Total Number of Employees		

12. Please provide the following.

Full Name of all Partners/Principals/ Key Employees (Technical, Managerial, Supervisory)	Professional Designation	Level of Education	How Long in Practice	How Long as Partner/Principal

13. List all employees licensed as active life insurance agents or brokers.

14. Do you utilize subcontractors? Yes No

If so, what percentage of your gross receipts are paid to subcontractors?

Describe the type of work subcontractors perform.

15. Do your employees prepare legal documents?

How many plans are actuarially certified?

Are actuarial calculations done by computers? Yes No Percentage

16. Please provide total gross revenues as follows.

	Administrative & Actuarial Consulting	Insurance Sales	401(k) and Mutual Fund Sales and Servicing	Investment Consulting for a Fee or Commission	Other (Explain)
Fiscal year end date:					
Projected gross revenues for next year:	\$	\$	\$	\$	\$
Estimated gross revenues for current year:	\$	\$	\$	\$	\$
Actual gross revenues for last year:	\$	\$	\$	\$	\$

17. Give the following information with respect to the Applicant's three largest clients in the past year (based upon fees).

a. Type of work performed.
Fee received. \$

b. Type of work performed:
Fee received: \$

c. Type of work performed:
Fee received: \$

18. Please indicate the number of plans and the approximate fees/revenue generated by plans for the following categories of clients for the current fiscal year.

	Estimated Number of Plans	Approximate Fees/Revenue Generated
Unions		
Attorneys/Law Firms		
Physician/Physician Groups		

19. Do you administer any 412(i) plans (also known as 412(e) plans), now or within the last five years, for any of your customers? Yes No

If yes, approximately what amount of your revenue is derived from administering these plans?

20. Attach a copy of your most recent year end audited financial statement.

21. Attach copies of descriptive or promotional materials.

22. Does applicant use a written contract? Yes No

If yes, are contracts updated and resigned every year? Yes No

If yes, please attach a copy.

If no, how do you define responsibilities to your clients?

23. Do you sell variable annuities? Yes No

If yes, do you have your customers sign off saying that they understand the nature of these annuities? Yes No

24. Please provide the following information for similar insurance, if any, carried during the last three years.

Policy Period	Insurer	Limit	Deductible	Premium

25. Original date from which you have carried UNINTERRUPTED professional liability coverage either with CIMA or another carrier.

NOTE: This date determines the retroactive date on your policy. EXAMPLE: If you first purchased Professional liability insurance on June 1, 1982 and have continuously renewed coverage each year, You would answer this question June 1, 1982.

26. Does any person to be insured have knowledge or information of any act, error or omission (including fee disputes) which might reasonably be expected to give rise to a claim against him? ("CLAIM" shall mean a demand received by the Insured for money or services, including Service or Suit or institution of arbitration proceedings against the Insured.) Yes No

If yes, please provide full explanation.

27. Does the applicant adjust fees to settle minor errors and/or omissions? Yes No

If yes, please explain briefly.

28. Have any of the individuals listed in question 9 ever been the subject of disciplinary action by authorities as a result of the professional activities? Yes No

If yes, please explain.

29. Please advise status of all errors and omissions claims against any proposed insured(s) during the past five years. If none, please check here: None

Attach details of all paid and reserved claims.

Year	Number of Claims	Paid	Reserved

It is agreed with respect to questions 26, 27, 28 and 29 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND AFTER INQUIRY OF ALL PEOPLE LISTED IN QUESTION NINE, THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

NOTICE TO ALL APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH 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.

ALL APPLICANTS PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

Applicants Signature: _____

Applicants Printed Name:

Title:

Date:

Return to: CIMA
2750 Killarney Drive, Suite 202
Woodbridge, VA 22192-4124
Phone: 800.468.4200
Fax: 703.778.7353
Email: tdenman@cimaworld.com

NOTE: Under Federal Communications Commission regulations, we are required to obtain your written permission before faxing you a proposal, renewal information or applications, or any other such information "advertising the commercial availability" of insurance. By including your fax number on this application, and signing the application, you verify that you are authorized to receive, and consent to receive such faxes.