



U.S. SPECIALTY INSURANCE COMPANY

CORPORATE FIDUCIARY LIABILITY ADDENDUM TO
NON-PROFIT D&O LIABILITY INSURANCE PROPOSAL
(THIS IS A PROPOSAL FOR CLAIMS MADE INSURANCE)

NOTICE: THIS INSURANCE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE COSTS, CHARGES, AND EXPENSES. FURTHER NOTE THAT SUCH DEFENSE COSTS, CHARGES AND EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE(S)/RETENTION(S).

- 1. Sponsor Organization
2. Address
3. Complete the following for all Plans. Under INVESTMENT PROCEDURE, insert appropriate number:
1) Custodial account, with investment discretion possessed by in-house trustee or sponsor;
2) Custodial account, with investment discretion possessed by a financial institution and in-house trustee or sponsor;
3) Custodial account, with a financial institution possessing full investment discretion;
4) Not a custodial account, with investment discretion possessed entirely by in-house trustees;
5) If there are any fully insured investments, please list the insurance company and the percentage of the assets invested;
6) Other, please attach explanation.

Table with 4 columns: FULL NAME OF PLAN(S), INVESTMENT PROCEDURE, YEAR CREATED, TOTAL ASSETS. Rows a, b, c.

- 4. Have any plans requested, or do any plans contemplate filing a request for, a waiver of contributions?
5. Do any plans intend to merge within the next twelve months?
6. Have any plans filed for, or do any plans contemplate, termination?
7. Are all plans adequately funded in accordance with the Employee Retirement Income Security Act of 1974 ("ERISA") as amended and attested to by an actuary?
8. NAME OF: YEARS EMPLOYED
a. Enrolled Actuary
b. Independent Investment Manager(s)
c. C.P.A.
d. Legal Counsel
9. Does the applicant have an Employee Stock Ownership Plan?
10. Has there been or is there now pending any claims or suits against the plans, fiduciaries or Sponsor Organization proposed for this insurance in their fiduciary capacities?
11. Does any prospective insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed insurance?
12. Is any person or entity serving in any capacity for the plans in violation of Section 411 of ERISA?

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE. ALL REPRESENTATIONS SET FORTH IN THE MAIN PROPOSAL SHALL APPLY EQUALLY TO THIS ADDENDUM AND ANY COVERAGE ISSUED PURSUANT TO THIS ADDENDUM SHALL HAVE BEEN ISSUED ON THE BASIS OF EACH OF SUCH REPRESENTATIONS.

Signed (Must be Signed by Chairman of the Board, President or highest ranking employer trustee)

Title

Date

THIS ADDENDUM MUST BE SUBMITTED TO:



AON ASSOCIATION SERVICES
a division of Affinity Insurance Services, Inc.
1120th Street, NW
Suite 600
Washington DC, 20036



Phone: 800.432.7465 Fax: 800.701.1982