CBMALAGA
Insurance Services LLC

Return application to:
CB Malaga Insurance Services LLC
tel: 877-245-5887
fax: 805-426-8540
email: info@cbspecialty.com

Professional Liability Insurance for Pension Professionals
New Business Application

CLAIMS MADE WARNING FOR APPLICATION. THIS APPLICATION FORM IS FOR A CLAIMS MADE POLICY RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

1. Name of applicant: ________________________________

   ☐ Individual ☐ Partnership ☐ Corporation ☐ Other ____________________

   Primary Location Physical Address: ________________________

   City: ____________________ State: _______ Zip Code: __________

   Mailing Address if Different than Physical Address: ____________________

   City: ____________________ State: _______ Zip Code: __________

   Telephone Number: __________________ Fax Number:

   Website Address: __________________ Email Address:

2. Date firm was established:

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

   If yes, indicate change and why change occurred:

   ____

   ____

4. 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 an other entities involved, etc.

   ____

   ____

5. Please list all subsidiaries and/or branch offices and addresses.

   ____

   ____

6. Limits of liability desired: ☐ $250,000/$250,000 ☐ $500,000/$500,000 ☐ $1,000,000/$1,000,000 ☐ $2,000,000/$2,000,000 ☐ Other: ____________________

7. Deductible desired: ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ Other: ____________________

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

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

If yes, please describe providing details of profession and percentage of gross revenue.

____
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10. 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 describe the details of that interest and the nature of the service provided by the other firm.

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11. Please provide the following staffing information.

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

12. List revenue from services provided.

Services Provided	Gross Revenues for Last Year	Gross Revenues for Current Year	Projected Gross Revenues for Next Year
Administrative and Actuarial Consulting	$ ______	$ ______	$ ______
Insurance Sales	$ ______	$ ______	$ ______
401(k) and Mutual Fund Sales and Servicing	$ ______	$ ______	$ ______
Investment Consulting for a Fee or Commission	$ ______	$ ______	$ ______
Other (describe)			
______	$ ______	$ ______	$ ______
______	$ ______	$ ______	$ ______

13. Indicate the approximate number of plans and the approximate revenue generated by these plans for the following categories of clients.

Category	Number of Plans	Revenue for Last Year	Revenue for Current Year	Projected Revenue for Next Year
Unions	______	$ ______	$ ______	$ ______
Attorney/Law Firms	______	$ ______	$ ______	$ ______
Physician/Physician Groups/Dentists	______	$ ______	$ ______	$ ______

14. Briefly describe your three largest clients in the past year by fee income:

Nature of services provided	Revenues
______	______
______	______
______	______

15. Do you conduct any business activities outside of the USA where any OFAC Economic and Trade Sanctions or any other Regulations are currently in place? Yes☐ No☐

If yes, please state the place and the nature of this business.

______

______

16. Have you received the CEFEX ASPPA Administration Services Certification? Yes☐ No☐

17. Do you utilize the PensionPro Workflow Systems software? Yes☐ No☐

18. Do you utilize subcontractors? Yes☐ No☐

If so, what percentage of your gross receipts is paid to subcontractors?
Describe the type of work subcontractors perform.

19. Has the applicant ever done any work in connection with a benefit plan or other transaction that is the same or substantially similar to a transaction that has been identified by the IRS as a "listed transaction" or "transaction of interest"? Yes☐ No☐

If yes, please provide a detailed explanation to include the dates of your work on such transactions, the nature of services your provided and the parties involved. Attach a separate page if necessary.

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If no, please confirm that you have reviewed the complete list of IRS "listed transactions" and "transactions of Interest" at the IRS website within the last six months. Confirmed☐ Did Not Confirm☐

20. Do you handle fund transfers for your customers? ☐Yes ☐No (If "no", skip to 20b)

   a. If yes, do you warrant that you use a multi-factor authentication system for the transfer of funds, currency and/or other assets that includes established rules, policies and procedures that require at least two separate forms of authenticating the request and instructions for transfers? ☐Yes ☐No
   b. If no, do you warrant that you will use a multi-factor authentication system for the transfer of funds, currency and/or other assets that includes established rules, policies and procedures that require at least two separate forms of authenticating the request and instructions for transfers if a fund transfer is required in the future? ☐Yes ☐No

21. Do you have access to any customers' funds? ☐Yes ☐No (If "no", skip to 21b)

   a. If yes, do you warrant that you use a dual controls accounting system which means an accounting system with established procedures that include two or more independent controls to prevent embezzlement and misdirected funds? ☐Yes ☐No
   b. If no, do you warrant that you will use a dual controls accounting system which means an accounting system with established procedures that include two or more independent controls to prevent embezzlement and misdirected funds if you have access to any customer's funds in the future? ☐Yes ☐No

22. a. Do you administer or provide services for any defined benefit plans that have an AFTAP funding status below 80% excluding one man plans or plans that have 50% or more owners? ☐Yes ☐No
   b. Do you administer or provide services for any public sector plans where the net pension liability is funded less than 80%. Yes☐ No☐

If "Yes", please complete the attached Underfunded Plan Supplemental for each defined benefit plan and/ or public sector plan funded less than 80%.

23. Do you adjust fees to settle minor error and/or omissions? Yes☐ No☐

If yes, please explain.

____

____

24. Do you use a written contract? Yes☐ No☐

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

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

____

____

25. 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

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

Policy Term	Company	Limits	Deductible	Premium

27. Original date from which have carried UNINTERRPUTED 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.

28. Does any person to be insured have knowledge or information of any act, error omission (including fee disputes) which might reasonably be expected to give rise to a claim? ("Claim" shall mean a demand received by the insured for money or services, including service of suit or institution of arbitration proceedings again the insured.)
Yes☐ No☐

If yes, please provide a full explanation.

____

____

____

29. Have any of the individuals listed in question 11 ever been the subject of disciplinary action by authorities as a result of the professional activities? Yes☐ No☐

If yes, please explain.

____

____

____

30. Please advise status of all professional liability claims against any proposed insured(s) during the past five years. If none, please check here: ☐ None

If there are claims, please complete the Claim/Incident Supplemental Form for each claim during the past five years.

If is agreed with respect to questions 28, 29 and 30 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

PLEASE READ CAREFULLY: 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 11, THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATOIN 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.

Applicant's Signature: ______________________ Title: ______________________
(Owner, Partner or Senior Officer)
Printed Name: ______________________ Date: ______________________

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED

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, NOW OR AT ANY TIME, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALITIES.

Notice to California Customers: License #0B01377; 0G99581 and #0I84209; CIMA Companies Insurance Services. License #0G09538 and #0G99581, XS Insurance Services.

Notice to Rhode Island Customers: This Insurance contract has been placed with an insurer not licensed to do business in the state of Rhode Island but is approved as a surplus lines insurer. The insurer is not a member of the Rhode Island insurers insolvency fund. Should the insurer become insolvent, the protection and benefits of the Rhode Island insurers insolvency fund are not available.

Notice to Wyoming Customers: The insurer with which the surplus lines broker places the insurance is not licensed by this state and it not subject to its supervision. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty association.

Professional Liability Insurance for Pension Professionals
Underfunded Plan Supplemental

Complete one form for each underfunded plan. If space is insufficient to answer any questions fully, provide separate attachments.

1. Name of plan: ______________________________

2. Year plan was established: ______________________________

3. Number of participants: ______________________________

4. What are the assets of the plan? $ ________________
   What are the liabilities of the plan? $ ________________

5. What services do you provide for this plan? ☐Administrative ☐Actuarial ☐Other

   Describe in detail the services you provide:

   ____
   ____
   ____

6. What type of plan is this? ☐Public/Government Plan ☐Multiple Employer Plan/MEWA ☐Professional Employer Organization ☐Taft-Hartley Plan ☐Single Employer/Corporate Plans

7. What is the most current funding status or funded percentage? ____________________

   Provide a narrative of the course of action being taken to improve the funded percentage.

   ____
   ____
   ____

8. Has a favorable IRS Plan Determination letter been received? ☐Yes ☐No

   If no, explain why not:

   ____
   ____
   ____

The statements included on this page are true and correct to the best of my knowledge.

Applicant's Signature: ____________________ Title: ____________________
(Owner, Partner or Senior Officer)

Printed Name: ____________________ Date: ____________________

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Professional Liability Insurance for Pension Professionals
Claim/Incident Supplemental Form

Complete one form for each claim or circumstance during the last 5 years. If space is insufficient to answer any questions fully, provide separate attachments.

1. Name of applicant: ______________________________

2. Full name of individuals involved in the claim: ______________________________

3. Full name of claimant: ______________________________

4. Date of alleged error: ____________________ Date of claim: ____________________

5. Has this claim, suit or circumstance been reported to any insurance carrier? ☐ Yes ☐ No
   If yes, date reported to the insurance carrier? ______________________________

6. Name of insurance company the claim, suit or circumstance reported to: ____________________

7. Claim status: ☐ Closed ☐ Open ☐ In Suit ☐ Potential

8. If paid:

   a. Amount of damages paid: ____________________
   b. Amount of expenses paid: ____________________

9. If open or in suit:

   a. Total damages demanded: ____________________
   b. Total expenses paid to date: ____________________
   c. E&O carrier loss reserve: ____________________ IMPORTANT

10. Act, error or omission alleged by claimant:

____
____
____
____

11. Description of claim and events:

____
____
____
____

12. What policies and/or procedures have been implemented or revised to prevent a recurrence of a similar claim, suit or circumstance?

____
____
____
____
____

The statements included on this page are true and correct to the best of my knowledge.

Applicant's Signature: ______________________ Title: ______________________
(Owner, Partner or Senior Officer)
Printed Name: ______________________ Date: ______________________

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