



# Fiduciary Insurance Questionnaire

**To receive a quote for Fiduciary Insurance, simply complete the information below and fax to:  
508-656-1399**

**Company Information:**

Company:		Contact:	
Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Date of Incorporation:		State of Incorporation:	
Nature of Business:			

Total Revenue as of current fiscal year end:
Total Employees as of current fiscal year end:

**For each plan to be covered, please list the following:**

Plan Name	Plan Type*	# of Participants	Plan Assets	Plan Status**
			\$	
			\$	
			\$	
			\$	

\* Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

\*\* Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F)

- |  |                        |
|--|------------------------|
| 1. Does the plan conform to ERISA?   | ___Yes ___No           |
| 2. Has the company, any plan, or plan fiduciary been accused or found guilty of a breach of fiduciary duty or violation of ERISA?  | ___Yes ___No           |
| 3. Does any plan hold or provide the option to invest in the securities of the company or any subsidiary? If yes, please list the percentage that the securities compromise that plan's total assets | ___Yes ___No<br>_____% |
| 4. During the past 2 years have there been, or during the next year do you anticipate any reduction in benefits?   | ___Yes ___No           |
| 5. Have any plan been investigated by the DOL, IRS or any other regulatory agency in the past 2 years?   | ___Yes ___No           |
| 6. Has the IRS threatened to withdraw the tax-exempt status of a plan?   | ___Yes ___No           |

*If you answer "Yes" to any question above, please provide details on separate sheet*

**For more information regarding fiduciary insurance please visit our website;**

**[www.fiduciaryinsurance.com](http://www.fiduciaryinsurance.com)**

**or, contact us toll-free at 508-656-1300**

**NORTH AMERICAN PROFESSIONAL LIABILITY INSURANCE AGENCY, LLC**

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