ACORD 828 (2014/12) - Fiduciary Liability Coverage Section

ACORD 828, Fiduciary Liability Coverage Section, is used to apply for fiduciary liability coverage.

The form was designed to be used in conjunction with ACORD 825, Professional / Specialty Insurance Application. This form must be attached to ACORD 825 for a completed application submission. Alternatively, this form may also be attached to ACORD 125, Commercial Insurance Application.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	**Agency Customer ID**	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	**Date**	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	**Agency**	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	**Policy Number**	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	**Carrier**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	**NAIC Code**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	**Applicant / First Named Insured**	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	**Requested Effective Date**	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) As used here, coverage is effective at 12:01 AM at the principal address of the applicant.
IDENTIFICATION SECTION	**Expiration Date**	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY) As used here, expires at 12:01 AM at the principal address of the applicant.
COVERAGE REQUESTED	**Primary**	Check the box (if applicable): Indicates the coverage is primary.
COVERAGE REQUESTED	**Excess**	Check the box (if applicable): Indicates the coverage is excess.
COVERAGE REQUESTED	**Requested Limits Per Claim**	Enter limit: The requested per claim limit amount.
COVERAGE REQUESTED	**Requested Limits Aggregate**	Enter limit: The requested aggregate limit amount.
COVERAGE REQUESTED	**Current Limits Per Claim**	Enter limit: The current per claim limit amount.

COVERAGE REQUESTED	Current Limits Aggregate	Enter limit: The current aggregate limit amount.
COVERAGE REQUESTED	Requested Retention	Enter amount: The requested retention amount.
COVERAGE REQUESTED	Current Retention	Enter amount: The current retention amount.
COVERAGE REQUESTED	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges).
COVERAGE REQUESTED	Separate Defense Costs Limits Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Separate defense costs limit?"
COVERAGE REQUESTED	Separate Defense Costs Limits	Enter limit: The separate defense costs limit amount.
COVERAGE REQUESTED	Defense Limit - Inside	Check the box (if applicable): Indicates there is an inside defense limit.
COVERAGE REQUESTED	Defense Limit - Outside	Check the box (if applicable): Indicates there is an outside defense limit.
COVERAGE REQUESTED	Pending & Prior Litigation Date	Enter date: The pending and prior litigation date.
COVERAGE REQUESTED	Shared Limits Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there are shared limits.
COVERAGE REQUESTED	Additional Coverages Attached Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there are additional coverages attached.
ATTACHMENTS	D&O Liability	Check the box (if applicable): Indicates the Directors And Officers section is attached to the application.
ATTACHMENTS	EPLI	Check the box (if applicable): Indicates the Employment Practices Liability Insurance (EPLI) section is attached to the application.
ATTACHMENTS	Crime	Check the box (if applicable): Indicates the Crime section is attached to the application.
ATTACHMENTS	Professional Liability	Check the box (if applicable): Indicates the Professional Liability section is attached to the application.
ATTACHMENTS	Fiduciary	Check the box (if applicable): Indicates the Fiduciary section is attached to the application.
ATTACHMENTS	Other Section Included	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
ATTACHMENTS	Other Section Included Description	Enter text: The type of section being attached to the application.
ENDORSEMENTS	Endorsements	Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS	Endorsements	Enter text: The description of the form.
ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.

ENDORSEMENTS	Title	Enter text: The name of the form.
ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
ENDORSEMENTS	Endorsements	Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS	Endorsements	Enter text: The description of the form.
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ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS	Title	Enter text: The name of the form.
ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
PLAN INFORMATION	Plan Name	Enter text: The plan name.
PLAN INFORMATION	Year Established	Enter year: The year the plan was established.
PLAN INFORMATION	Type of Plan	Enter code: The plan type code (i.e., HW - Health and Welfare Plan, DB - Defined Benefit Plan, ES - Employee Stock Ownership Plan, DC - Defined Contribution Plan, CB - Cash Balance, EB - Excess Benefit Plan or Top Hat Plan, OT - Other).
PLAN INFORMATION	Plan Assets - Current Year	Enter amount: The plan's assets for the current year.
PLAN INFORMATION	Plan Assets - Prior Year	Enter amount: The plan's assets for the prior year.
PLAN INFORMATION	Total Current Plan Participants	Enter number: The current number of plan participants.
PLAN INFORMATION	Plan Name	Enter text: The plan name.
PLAN INFORMATION	Year Established	Enter year: The year the plan was established.
PLAN INFORMATION	Type of Plan	Enter code: The plan type code (i.e., HW - Health and Welfare Plan, DB - Defined Benefit Plan, ES - Employee Stock Ownership Plan, DC - Defined Contribution Plan, CB - Cash Balance, EB - Excess Benefit Plan or Top Hat Plan, OT - Other).
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PLAN INFORMATION	Plan Assets - Prior Year	Enter amount: The plan's assets for the prior year.
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PLAN INFORMATION	Year Established	Enter year: The year the plan was established.
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PLAN INFORMATION	Plan Assets - Current Year	Enter amount: The plan's assets for the current year.
PLAN INFORMATION	Plan Assets - Prior Year	Enter amount: The plan's assets for the prior year.
PLAN INFORMATION	Total Current Plan Participants	Enter number: The current number of plan participants.
PLAN INFORMATION	Total Assets Current Year	Enter amount: The total assets of all plans for the current year.
PLAN INFORMATION	Total Assets Prior Year	Enter amount: The total assets of all plans for the prior year.
PLAN INFORMATION	Total Current Plan Participants	Enter number: The total number of participants in all current plans.
PLAN INFORMATION	Other Plan Type Description	Enter text: The description of the plan type.

Section Name	Field Name	Description
REMARKS	Remarks	Enter text: The additional, pertinent information that the underwriter should know about the overall exposures of this risk. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
PLAN ADMINISTRATION	1. Does applicant delegate authority of the management and control of any plan's assets to any outside consultant(s)?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant delegate authority of the management and control of any plan's assets to any outside consultant(s)?". ACORD 101, Additional Remarks Schedule, may be attached if more space is required. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
PLAN ADMINISTRATION	Investment Advisor - Name	Enter text: The full name of the consultant. As used here, this information is for an investment advisor.
PLAN ADMINISTRATION	Investment Advisor - Address	Enter text: The consultant's first address line.
PLAN ADMINISTRATION		Enter text: The consultant's second address line.
PLAN ADMINISTRATION		Enter text: The consultant's city.
PLAN ADMINISTRATION		Enter code: The consultant's state or province code.
PLAN ADMINISTRATION		Enter code: The consultant's postal code.
PLAN ADMINISTRATION	Investment Advisor - Years Employed	Enter number: The number of years the consultant has been employed by the applicant / named insured.
PLAN ADMINISTRATION	Actuary - Name	Enter text: The full name of the consultant. As used here, this information is for the actuary.
PLAN ADMINISTRATION	Actuary - Address	Enter text: The consultant's first address line.
PLAN ADMINISTRATION		Enter text: The consultant's second address line.
PLAN ADMINISTRATION		Enter text: The consultant's city.
PLAN ADMINISTRATION		Enter code: The consultant's state or province code.
PLAN ADMINISTRATION		Enter code: The consultant's postal code.
PLAN ADMINISTRATION	Actuary - Years Employed	Enter number: The number of years the consultant has been employed by the applicant / named insured.

PLAN ADMINISTRATION	Legal Counsel - Name	Enter text: The full name of the consultant. As used here, this information is for the legal counsel.
PLAN ADMINISTRATION	Legal Counsel - Address	Enter text: The consultant's first address line.
PLAN ADMINISTRATION		Enter text: The consultant's second address line.
PLAN ADMINISTRATION		Enter text: The consultant's city.
PLAN ADMINISTRATION		Enter code: The consultant's state or province code.
PLAN ADMINISTRATION		Enter code: The consultant's postal code.
PLAN ADMINISTRATION	Legal Counsel - Years Employed	Enter number: The number of years the consultant has been employed by the applicant / named insured.
PLAN ADMINISTRATION	CPA - Name	Enter text: The full name of the consultant. As used here, this information is for the Certified Public Accountant (CPA).
PLAN ADMINISTRATION	CPA - Address	Enter text: The consultant's first address line.
PLAN ADMINISTRATION		Enter text: The consultant's second address line.
PLAN ADMINISTRATION		Enter text: The consultant's city.
PLAN ADMINISTRATION		Enter code: The consultant's state or province code.
PLAN ADMINISTRATION		Enter code: The consultant's postal code.
PLAN ADMINISTRATION	CPA - Years Employed	Enter number: The number of years the consultant has been employed by the applicant / named insured.
PLAN ADMINISTRATION	Administrator - Name	Enter text: The full name of the consultant. As used here, this information is for the administrator.
PLAN ADMINISTRATION	Administrator - Address	Enter text: The consultant's first address line.
PLAN ADMINISTRATION		Enter text: The consultant's second address line.
PLAN ADMINISTRATION		Enter text: The consultant's city.
PLAN ADMINISTRATION		Enter code: The consultant's state or province code.
PLAN ADMINISTRATION		Enter code: The consultant's postal code.
PLAN ADMINISTRATION	Administrator - Years Employed	Enter number: The number of years the consultant has been employed by the applicant / named insured.
PLAN ADMINISTRATION	Other Consultant Type	Enter text: The description of the consultant type.
PLAN ADMINISTRATION	Other - Name	Enter text: The full name of the consultant.

PLAN ADMINISTRATION	Other - Address	Enter text: The consultant's first address line.
PLAN ADMINISTRATION		Enter text: The consultant's second address line.
PLAN ADMINISTRATION		Enter text: The consultant's city.
PLAN ADMINISTRATION		Enter code: The consultant's state or province code.
PLAN ADMINISTRATION		Enter code: The consultant's postal code.
PLAN ADMINISTRATION	Other - Years Employed	Enter number: The number of years the consultant has been employed by the applicant / named insured.
PLAN ADMINISTRATION	Other Consultant Type	Enter text: The description of the consultant type.
PLAN ADMINISTRATION	Other - Name	Enter text: The full name of the consultant.
PLAN ADMINISTRATION	Other - Address	Enter text: The consultant's first address line.
PLAN ADMINISTRATION		Enter text: The consultant's second address line.
PLAN ADMINISTRATION		Enter text: The consultant's city.
PLAN ADMINISTRATION		Enter code: The consultant's state or province code.
PLAN ADMINISTRATION		Enter code: The consultant's postal code.
PLAN ADMINISTRATION	Other - Years Employed	Enter number: The number of years the consultant has been employed by the applicant / named insured.
PLAN ADMINISTRATION	2. Does applicant handle any investment decisions in-house?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does applicant handle any investment decisions in-house?".
PLAN ADMINISTRATION	Remarks	Enter text: An explanation as to whether the applicant handles any investment decisions in-house.
PLAN ADMINISTRATION	3. Are plan benefits provided by insurance? (e.g., annuity, medical policy, etc.)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are plan benefits provided by insurance (e.g., annuity, medical policy, etc.)?".
PLAN ADMINISTRATION	Insurance Company:	Enter text: The insurer name on any other applicable insurance. As used here the name of the insurance company that provides plan benefits.
PLAN CHANGES	1. Have there been any mergers of plans in the past three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have there been any mergers of plans in the past specified number of years?".
PLAN CHANGES	Remarks	Enter text: An explanation as to whether there have been any mergers of plans in the past mandated number of years.

PLAN CHANGES	2. Has any plan or portion of any plan been sold, transferred or terminated in the past three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any plan or portion of any plan been sold, transferred or terminated in the past specified number of years?".
PLAN CHANGES	Remarks	Enter text: An explanation as to whether any plan or portion of any plan has been sold, transferred or terminated in the past mandated number of years. If "YES", provide the date of sale or termination, whether assets have been fully distributed or reverted to a party other than the plan participants and name of annuity provider if benefits have been secured by annuities.
PLAN CHANGES	3. Is any conversion to a cash balance plan being considered?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is any conversion to a cash balance plan being considered?". (If "YES", attach complete details including copies of any descriptive literature distributed to plan participants and descriptions of any grandfather provisions)
PLAN CHANGES	4. For each cash balance plan, was the plan converted from a prior defined benefit (pension) plan?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "For each cash balance plan, was the plan converted from a prior defined benefit (pension) plan?". (If "YES", attach complete details including copies of any descriptive literature distributed to plan participants and descriptions of any grandfather provisions)
REMARKS	Remarks	Enter text: The additional, pertinent information that the underwriter should know about the overall exposures of this risk. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
COMPLIANCE	1. Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of the Employee Retirement Income Security Act (ERISA), the Pension Protection Act of 2006, or similar foreign laws, if applicable?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of the Employee Retirement Income Security Act (ERISA), the Pension Protection Act of 2006, or similar foreign laws, if applicable?
COMPLIANCE	Remarks	Enter text: An explanation as to why the plans do not conform to the standards of eligibility, participation, vesting, funding and other provisions of the Employee Retirement Income Security Act (ERISA), the Pension Protection Act of 2006, or similar foreign laws, if applicable.

COMPLIANCE	2. Have the plans been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have the plans been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules?".
COMPLIANCE	Remarks	Enter text: An explanation as to why the plans have not been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules.
COMPLIANCE	3. Has any plan filed for an exemption from a prohibited transaction?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any plan filed for an exemption from a prohibited transaction?". (If "YES", attach filing and Department of Labor response)
COMPLIANCE	4. Has an actuary certified that the plans are adequately funded?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has an actuary certified that the plans are adequately funded?".
COMPLIANCE	Remarks	Enter text: An explanation as to why an actuary has not certified that the plans are adequately funded.
COMPLIANCE	5. Are there any outstanding delinquent contributions?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there any outstanding delinquent contributions?".
COMPLIANCE	Remarks	Enter text: An explanation as to whether there are any outstanding delinquent contributions.
COMPLIANCE	6. Have any plans experienced any event reportable to the Pension Benefit Guaranty Corporation (PBGC)?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have any plans experienced any event reportable to the Pension Benefit Guaranty Corporation (PBGC)?".
COMPLIANCE	Remarks	Enter text: An explanation as to whether any plans experienced any event reportable to the Pension Benefit Guaranty Corporation (PBGC).
COMPLIANCE	7. Within the last three (3) years has any plan loaned money to, or invested in, the securities of the applicant or its affiliates?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Within the last three (3) years has any plan loaned money to, or invested in, the securities of the applicant or its affiliates?".
COMPLIANCE	Remarks	Enter text: An explanation as to whether any plan loaned money to, or invested in, the securities of the applicant or its affiliates within the last mandated number of years. If "YES", provide details including percentage of holdings.

GENERAL INFORMATION	**1. Has any fiduciary been accused, found guilty or held liable for a breach of trust?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any fiduciary been accused, found guilty or held liable for a breach of trust?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether any fiduciary has been accused, found guilty or held liable for a breach of trust.
GENERAL INFORMATION	**2. Has any fiduciary been convicted of criminal conduct?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any fiduciary been convicted of criminal conduct?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether any fiduciary has been convicted of criminal conduct.
GENERAL INFORMATION	**3. Has there been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any plan?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has there been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any plan?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether there has been any assessment of fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any plan.
GENERAL INFORMATION	**4. During the last five (5) years has the applicant or any other proposed insured been involved in any claims, lawsuits or administrative proceedings?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the last five (5) years has the applicant or any other proposed insured been involved in any claims, lawsuits or administrative proceedings?",
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant or any other proposed insured has been involved in any claims, lawsuits or administrative proceedings during the last mandated number of years.

GENERAL INFORMATION	**5. Are any persons or entities proposed for this insurance, aware of any fact, circumstance, act, error, omission or situation which may give rise to a claim that would fall within the scope of the proposed insurance?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any persons or entities proposed for this insurance, aware of any fact, circumstance, act, error, omission or situation which may give rise to a claim that would fall within the scope of the proposed insurance?".
GENERAL INFORMATION	**Remarks**	Enter text: An explanation as to whether there are any persons or entities proposed for this insurance, aware of any fact, circumstance, act, error, omission or situation which may give rise to a claim that would fall within the scope of the proposed insurance. If "YES", has the policyholder or any insured individual, given written notice under the provisions of any prior or current insurance policy?
GENERAL INFORMATION	**6. Is there Employee Retirement Income Security Act (ERISA) fiduciary bond coverage currently in force?**	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there Employee Retirement Income Security Act (ERISA) fiduciary bond coverage currently in force?".
GENERAL INFORMATION	**Name of Carrier:**	Enter text: The insurer name on any other applicable insurance. As used here, the name of the insurer for the ERISA coverage.
REMARKS		Enter text: The additional, pertinent information that the underwriter should know about the overall exposures of this risk. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Form Page 4

Section Name	Field Name	Description
IDENTIFICATION SECTION	**Agency Customer ID**	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
REMARKS	**Remarks**	Enter text: The additional, pertinent information that the underwriter should know about the overall exposures of this risk. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
SIGNATURE	**Applicant's Name**	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
SIGNATURE	**Applicant's Title**	Enter text: The title of the individual in the organization or his relationship to the organization.
SIGNATURE	**State Producer License Number**	Enter identifier: The State License Number of the producer. As used here, this is required in Florida and Nebraska.

SIGNATURE	**Applicant's Signature**	Sign here: Accommodates the signature of the applicant or named insured. As used here, upon completion of the full commercial lines application series, the insured should review the applications and sign this form in the available space.
SIGNATURE	**Date**	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	**Producer's Signature**	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	**National Producer Number**	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.