

BOLLINGER FIDUCIARY QUESTIONNAIRE

Name of Club: _____

Is the plan administered by: a bank or trust company an insurance company the Club or other: If other, please explain

If the plan does not retain an independent investment manager, who does make the investment decisions? _____

Does the plan conform to the standards of eligibility, participation, investing, funding and other provisions of ERISA of 1974?

Yes No If no, please explain: _____

Has the plan been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules? Yes No

If no, please explain: _____

Is the plan adequately funded as attested by an actuary? Yes No If no explain: _____

What is the asset size of the plan? _____ Attach copy of Club's Form 5500.

Past Activities:

Has the Club, its employees or any fiduciary for whom insurance will be provided been:

Accused, found guilty or held liable for a breach or trust? Yes No

Refused coverage under a fidelity bond? Yes No

Found guilty of a criminal complaint? Yes No

If yes to any of the above, please explain _____

Have any claims (other than for benefits) been made during the past five years against the Club, its employees, the plan or any of the current or past fiduciaries? Yes No If yes, attach details.

Prior Insurance:

Has your Club or any Subsidiary had previous Fiduciary Liability or Employee Benefits Liability insurance? Yes No

Have any loss payments been made under any Fiduciary Liability or Employee Benefits Liability policy or similarly insurance? Yes No If yes, attach full details.

Has the Club or any Insured Person(s) given written notice under the provisions of any prior to current Fiduciary Liability or Employee Benefits Liability insurance of specific facts or circumstances which might give rise to a claim being made against any Insured Person(s) or any Benefit Program(s)? Yes No

If yes, attach full details.

Prior Knowledge:

It is important that you fill in the blank in this paragraph.

No person proposed for coverage is aware of any facts or circumstances which (a) he or she has reason to suppose might afford valid grounds for any future claim(s) that would fall within the scope of the proposed coverage or (b) indicate the probability of any future claim(s) except: (If no exceptions, so state.) _____

It is agreed that if facts or circumstances exist, any claim or action arising therefrom is excluded from this proposed coverage.

Date Signature Title (President, Vice President or Treasurer)