

For employers and plan sponsors with retirement, pension, ESOP, or health and welfare plans, and the committees and individuals who act as plan fiduciaries. Complete with ACORD 125. Attach the most recent Form 5500 for each plan, the 408(b)(2) fee disclosure, the investment policy statement, and committee minutes for the last 12 months.

1 APPLICANT / PLAN SPONSOR INFORMATION

LEGAL NAME OF PLAN SPONSOR	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Private company ☐ Public company ☐ Nonprofit ☐ Government / church plan ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

TOTAL EMPLOYEES	ANY MERGER, ACQUISITION, OR LAYOFF IN LAST 3 YEARS? (Y/N)

2 PLANS SPONSORED

PLAN NAME / TYPE	PLAN ASSETS (\$)	PARTICIPANTS	RECORDKEEPER / TPA

Plan types: 401(k) or 403(b); defined benefit pension; cash balance; ESOP; self-funded health; fully insured health; other welfare plans (dental, vision, life, disability); voluntary benefits.

Plan features (check all):

- ☐ Employer stock in a plan ☐ Proprietary or affiliated funds ☐ Revenue sharing ☐ Managed accounts ☐ Annuity / pension risk transfer
☐ Tobacco or wellness surcharge ☐ Self-funded health plan ☐ Multiemployer plan

2-1 Is any defined benefit plan underfunded, frozen, or being terminated? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FEES, INVESTMENTS & GOVERNANCE

More than 600 excessive-fee suits were filed in ten years, including 94 in 2025, and plans as small as \$4.5 million have been sued. A 2025 Supreme Court ruling makes these claims harder to dismiss early.

3-1 Is there a plan or investment committee with a written charter that meets at least quarterly? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are committee meetings documented in minutes that show the reasoning behind decisions? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Is there a written investment policy statement that the committee follows? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Are recordkeeping and administrative fees benchmarked independently at least every three years? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Has the plan issued an RFP to recordkeepers in the last three years? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Are recordkeeping fees charged as a flat per-participant fee? ☐ Yes ☐ No

IF YES, EXPLAIN

3-7 Are the lowest-cost available share classes used, with reasons documented when they are not? ☐ Yes ☐ No

IF YES, EXPLAIN

3-8 Does the plan use an independent investment adviser acting as a 3(21) or 3(38) fiduciary? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Have committee members received fiduciary training in the last two years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — FORFEITURES, HEALTH PLANS & OPERATIONS

48 suits in 2025 challenged how 401(k) forfeitures were used, and nearly 50 suits since 2024 targeted tobacco surcharges in health plans.

4-1 Are 401(k) forfeitures used to reduce employer contributions instead of paying plan expenses? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does any health plan charge a tobacco or wellness surcharge without a reasonable alternative standard? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the self-funded health plan review pharmacy benefit manager fees and contract terms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Have contributions or loan repayments ever been deposited late? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has any plan had an IRS or Department of Labor audit, or used a correction program (VCP or VFCP)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the recordkeeper verify identity before distributions and protect participant accounts against fraud? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is an ERISA fidelity bond in place for each plan, at least 10% of plan assets? ☐ Yes ☐ No
IF YES, EXPLAIN

5 COVERAGE REQUESTED, PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

LIMIT REQUESTED (\$)	RETENTION REQUESTED (\$)	REQUESTED EFFECTIVE DATE
CURRENT FIDUCIARY CARRIER	CURRENT LIMIT / CLASS-ACTION RETENTION	EXPIRATION DATE

5-1 Has any carrier declined, cancelled, or non-renewed fiduciary coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Has any participant complained, requested plan documents for a dispute, or sued in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE	DESCRIPTION (PLAN, ALLEGATION)	TOTAL PAID INCL. DEFENSE (\$, ILLUSTRATIVE)	OPEN / CLOSED

5-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

6 RISK MANAGEMENT

6-1

Are service provider contracts and fee disclosures reviewed each year?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2

Are plan documents, SPDs, and required notices updated and sent on time?

☐ Yes ☐ No

IF YES, EXPLAIN

6-3

Does ERISA counsel review plan changes and committee decisions?

☐ Yes ☐ No

IF YES, EXPLAIN

7 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE