

The Prudent Choice

#### SOLIDARITY PROTECTION GROUP

a voluntary membership organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principal office is: 4323 Warren Street, NW, Washington, DC 20016-2437

# FIDUCIARY LIABILITY INSURANCE FOR GOVERNMENTAL PLANS RENEWAL APPLICATION

The policy for which application is made is written on a claims-made basis. The coverage afforded by this policy is limited to liability for only those claims first made during the policy period specified on the Policy Certificate resulting from wrongful acts and which are subsequently reported to the Insurer as soon as practicable. This is a policy with claims expenses included in the limits of liability. The limits of liability shall be reduced and may be exhausted by claims expenses, and to the extent that the limits of liability are thereby exceeded, the Insurer shall not be liable for claims expenses or any other loss. Please read everything carefully.

**GENERAL INFORMATION** 

|  | 4103                          | 75.  | 918-5                                      | 96-5854                                     |           |
|--|-------------------------------|--|--|---|-----------|
| Address: 505 S. Denver Room 120, Tulsa, OK 7  Ron Peters Insurance Representative:   |                               |  | lephone Number: 918-5                      |   |           |
| Address: 505 S. Denver Room 120, Tulsa, OK 7   | 4103                          | Te   | lephone Number: _910                       | 8-596-5850                                  |           |
| Complete the chart for all trusts or plans for   | or which                      | coverage is requested                                  | :  |   |           |
| Full Trust or Plan Name  | *Туре                         | Current Asset<br>Value                                 | Last FYE Annual<br>Contributions           | Current # of<br>Participants                | ** Status |
| Employees' Retirement System of Tulsa County   | DB                            | \$266,628,249  | \$11,861,626                               | 3,546                                       | A         |
|  |                               |  |  |   | Men       |
|  |                               |  |  |   |           |
|  |                               |  |  |   |           |
| ** Status: Active (A); Frozen (F); Termina  Prior Insurance Carrier(s): Policy Pe  | ated (T)                      | (If any trust or plan h                                | as been terminated, index Retention: Pre   | icate date of tran                          |           |
| ** Status: Active (A); Frozen (F); Termina  Prior Insurance Carrier(s):  Policy Pe  Hudson Insurance Co.  7/1/16 to 2  | eriod: ]                      | (If any trust or plan h                                | Retention: Free \$25,000 \$36              | icate date of tran                          |           |
| ** Status: Active (A); Frozen (F); Termina  Prior Insurance Carrier(s): Policy Pe  Hudson Insurance Co. 7/1/16 to 7  | eriod: ]                      | (If any trust or plan h                                | Retention: Free \$25,000 \$36              | icate date of tran                          |           |
| ** Status: Active (A); Frozen (F); Termina  Prior Insurance Carrier(s): Policy Pe  Hudson Insurance Co. 7/1/16 to 7  | eriod: ]                      | (If any trust or plan h<br>Limit of Liablity:<br>\$10M | Retention: Pre \$25,000 \$36 \$25,000 \$36 | icate date of tran                          |           |
| Hudson Insurance Co. 7/1/16 to 7 Hudeson Insurance Co. 7/1/15 to 7   | eriod: ]                      | (If any trust or plan he Limit of Liability: \$10M     | Retention: Pre \$25,000 \$36 \$25,000 \$36 | icate date of transmium:<br>5,212<br>36,612 |           |
| ** Status: Active (A); Frozen (F); Termina  Prior Insurance Carrier(s): Policy Pe  Hudson Insurance Co. 7/1/16 to 7  Hudeson Insurance Co. 7/1/15 to 7  Federal Ins. Co. 7/1/14 to 7 | ated (T) (27/1/17 /1/16 /1/15 | (If any trust or plan he Limit of Liability: \$10M     | Retention: Pre \$25,000 \$36 \$25,000 \$36 | icate date of transmium:<br>5,212<br>36,612 |           |

| Requested      | Limit of Liability:   | \$10M                          |                     | Requested Retention:                        | \$25,000             |
|----------------|---|--------------------------------|---------------------|---|----------------------|
| Number o       | of current trustees of th                                       | ne Plan:                       | 9                   |   |                      |
| Number o       | of current employees o  | f the Plan:                    | 1,885               |   |                      |
|                |   | Name                           | of Service Provid   | <u>er</u> :                                 | Years of Service:    |
| Profession     | nal Administrator:  | Michael W:                     | illis, Tulsa        | County Clerk                                | Newly Elected        |
| Legal Counsel: |   | Tulsa County District Attorney |                     |   |                      |
| Actuary:       |   | Milliman                       |                     |   |                      |
| Certified 1    | Public Accountant:  | Stanfield                      | & 0'Dell            |   |                      |
| Custodian      | of Assets:  | Bank of Ol                     | klahoma             |   |                      |
| Investmen      | nt Manager(s):  | See Attacl                     | hed List            |   |                      |
|                |   |                                |                     |   |                      |
| II. U          | INDERWRITING O  | QUESTIONS                      |                     |   |                      |
| A. P           | lan Management (if  | any question is                | answered No'        | a written attachment is                     | required)            |
| 1.             | How often does the b  | ooard of trustees              | meet? Month1        | у   |                      |
| 2.             | Does the board of trueach service provider                      |                                | written guidelines  | to periodically review                      | Yes_X_No             |
| 3.             | Does the board of tru<br>any fees or commission                 |                                |                     |   | Yes_X_No             |
| 4.             | Do the board of trust   | tees and investme              | ent manager(s) ad   | here to written guidelines                  | ? Yes_X No           |
| 5.             | How often is each inv   | vestment manage                | er's performance r  | nonitored? Monthly                          |                      |
| 6.             | Does the board of tru<br>delinquent contribution                |                                | tten procedure to   | collect overdue and                         | Yes No_X_            |
| В. Р           | Plan Changes (if any  | question is ans                | wered 'Yes' a wr    | itten attachment is requ                    | uired)               |
| 1.             | Has the legal name of   | f the Plan change              | ed or is such a cha | nge being anticipated?                      | YesNo_X              |
| 2.             | Has any other plan be<br>a merger being anticip                 |                                |                     | st 12 months or is such                     | Yes No_X_            |
| 3.             | Has the Plan termina  | ted or is a termin             | nation anticipated  | in the next 12 months?                      | YesNo_X              |
| 4.             | Have there been any resulted in a reduction the next 12 months? |                                |                     | st 12 months that<br>adments anticipated in | Yes_X_No             |
| C. (           | Compliance/Indemn   | ification (if any              | question is ansv    | wered 'No' a written att                    | achment is required) |
| 1.             | Does the Plan confor<br>funding and other pro                   |                                |                     |   | Yes_X_No             |
| 2.             | Has the Plan been re-<br>transactions and part                  |                                |                     | violations of prohibited                    | Yes No_X             |

| 3.   | Has the Plan filed for an exemption from a prohibited transaction?   | Yes   | No_X           |
|------|--|-------|----------------|
| 4.   | Are there any overdue, outstanding or delinquent employer contributions?   | Yes   | No_X           |
| 5.   | Does the Plan have current coverage under a fidelity bond?   | Yes_X | No             |
| 6.   | Has the actuary certified that the Plan is adequately funded?  a. To what percent if the plan funded? 83%  | Yes_X | No             |
| 7.   | Do the trustees have authority over the choice of the following;   |       |                |
|      | <ul><li>a. Actuarial Cost Method?</li><li>b. Assumed interest rate?</li><li>c. Length of time in which to amortize unfunded liabilities?</li></ul>   | Yes X | No<br>No<br>No |
| 8.   | What is the bond rating of the governmental entity? A-   |       |                |
| 9.   | Do the Trustees, employees and plan have available a Public Defense?   | Yes_X | No             |
| 10.  | Does the state have a government immunity statute?   | Yes X | No             |
| D. I | oss History (if any question is answered 'Yes' a written attachment is requir  | ed)   |                |
| 1.   | Has any trustee or employee of the Plan been:  |       |                |
| a    | . accused, found guilty or held liable for a breach of trust or fiduciary duty   | Yes   | No_X           |
|      | accused or convicted of criminal conduct?  |       | No_X           |
|      | refused coverage under a fidelity bond?  | Yes   | No_X           |
| 2.   | Are there any current claims outstanding against the Plan or any fiduciaries?  | Yes   | No X           |
| 3.   | Have any claims been made against the Plan or any fiduciaries in the past 6 years?   | Yes   | No_X           |
| 4.   | Has the Plan received any communication from or been the subject of any investigation or audit by the IRS or any other regulatory agency?  | Yes   | No_X           |
| 5.   | Has any application for fiduciary liability coverage or fidelity bond insurance been declined, canceled or non-renewed?  | Yes   | No_X           |
| 6.   | Does the Plan, the board of trustees, current employees or any other proposed fiduciary have any knowledge of or information pertaining to any facts, events or circumstances which may result in a claim being made against them under the proposed policy? NOT REQUIRED ON RENEWAL | Not A | pplicable      |

It is agreed that, if knowledge of any facts, events or circumstances exist, whether or not disclosed, any claim based upon or arising from them, and that any claim based upon or arising from any pending or prior proceeding, is excluded from the proposed coverage.

#### III. REQUIRED ATTACHMENTS

The following information must be attached for each Plan to be covered under the proposed policy:

- List of current trustees along with years of experience
- Most recent Audited Financial Statements for the Plan
- Most recent Actuarial Report and Valuation
- Copy of the investment policy and/or guidelines
- If available, attach a copy of the governmental immunity statute for the state the risk is domiciled in
- · Required attachments to underwriting questions, if any

#### IV. SIGNATURE

The undersigned represents, that to the best of his/her knowledge and belief the statements set forth herein are true, and he/she has not withheld any information which is reasonably likely to influence the judgment of Hudson Insurance Company in considering this application for fiduciary liability insurance. The undersigned further represents that if the information supplied on this application changes between the date of this application and the effective date of the insurance or the time when the policy is bound (whichever is later), the undersigned will immediately notify Hudson Insurance Company in writing of such changes and Hudson Insurance Company may withdraw or modify any outstanding quotations based upon such changes. The signing of this application does not bind Hudson Insurance Company to complete the insurance, but it is agreed that this application and any attachments form the basis of the contract should a policy be issued and shall be deemed attached to and form part of a policy. Hudson Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application it deems necessary.

| Signature of Trustee / Title:     | Date: |
|-----------------------------------|-------|
| Name of Trustee / (please print): |       |

This application must be completed, signed and dated in order to bind coverage. Please submit this application and all required attachments to your Insurance Representative.

Insurance Representative, please submit this application and all required attachments to:

Euclid Specialty Managers, LLC 380 Maple Avenue West, Suite 302 Vienna, Virginia 22180 (571) 730-4810 (phone) (571) 730-4813 (fax)

#### V. FRAUD WARNINGS

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to injure, deceive, defraud any insurer or other person files an application or a claim containing any false, incomplete or misleading information or conceals information concerning any material fact may be guilty of insurance fraud, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO APPLICANTS IN AR, FL, KY, MN, NJ, AND PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

**NOTICE TO ALL OTHER APPLICANTS:** Any person who knowingly and with intent to injure, deceive, defraud any insurer or other person files an application or a claim containing any false, incomplete or misleading information or conceals information concerning any material fact commits insurance fraud, which is a crime and subjects such person to criminal and civil penalties.

### **CLAIMS INFORMATION**

| A. | Pro | ovide:  |
|----|-----|---|
|    | 1.  | Name of Claimant: N/A   |
|    | 2.  | Date of Alleged Wrongful Act: N/A   |
|    |     | Date claim was made: N/A  |
|    | 3.  | Date reported to Fiduciary Liability Insurer: N/A   |
|    | 4.  | Name of Fiduciary Liability Insurer: N/A  |
|    | 5.  | Allegation: N/A   |
| В. |     | scribe the claim, including the alleged wrongful act, the event that led to the claim, and the current status<br>the claim:  N/A  |
|    |     |   |
|    |     |   |
|    | Cla | aim Fee Information:  |
|    |     | tal Loss: \$\ \text{N/A} \qquad \text{Claimant Demand: \$\ \text{N/A} \qquad \text{Sal Fees Charged to Date: \$\ \text{N/A} \qquad \text{N/A} \qquad \text{Sal Fees Charged to Date: \$\ \text{N/A} \qquad \text{N/A} \qquad \text{Sal Fees Charged to Date: \$\ \text{N/A} \qquad \text{N/A} \qquad \text{Sal Fees Charged to Date: \$\ \text{N/A} \qquad \text{N/A} \qquad \text{N/A} \qquad \text{Sal Fees Charged to Date: \$\ \text{N/A} \qquad \qqqq \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqq \qqq \qqqq \qqq \qqqq \q |
| C. | Wł  | nat loss prevention measures, if applicable, have been taken to prevent a similar claim from recurring?  N/A  |
|    | _   |   |
|    |     |   |
|    |     |   |
|    |     |   |
|    | _   |   |
|    |     |   |



STATE OF UKLAHOMA TULSA COUNTY BECEIVED

2016 APR 27 AM 9: 39

PAT KEY TULSA COUNTY CLERK

## SOLIDARITY PROTECTION GROUP

a voluntary membership organization operating pursuant to the Liability Risk Retention Act of 1986 and whose principal office is: 4323 Warren Street, NW, Washington, DC 20016-2437

# FIDUCIARY LIABILITY INSURANCE FOR GOVERNMENTAL PLANS RENEWAL APPLICATION

The policy for which application is made is written on a claims-made basis. The coverage afforded by this policy is limited to liability for only those claims first made during the policy period specified on the Policy Certificate resulting from wrongful acts and which are subsequently reported to the Insurer as soon as practicable. This is a policy with claims expenses included in the limits of liability. The limits of liability shall be reduced and may be exhausted by claims expenses, and to the extent that the limits of liability are thereby exceeded, the Insurer shall not be liable for claims expenses or any other loss. Please read everything carefully.

L GENERAL INFORMATION

| Name of Flan. Tuisa county                                    | Doard of County comin               | ilissioners, oil belian of | the Employees Retirem            | ent bystem of 1 u            | isa County   |
|---|-------------------------------------|----------------------------|----------------------------------|------------------------------|--------------|
| Address: 500 S Denver Room                                    |                                     |                            | ephone Number: 918               | 3 596-5854                   |              |
| Insurance Representative: Ka                                  | ren Keith<br>Korkoskisgo, BOCC Chai | rman                       |                                  |                              |              |
| Address: 500 S. Denver  | , Rm 120, Tulsa                     | OK 74103 Tel               | ephone Number: 91                | 18 596-5850                  |              |
| Complete the chart for all trus                               | sts or plans for which o            | overage is requested:      |                                  |                              |              |
| Full Trust or Plan Name                                       | *Туре                               | Current Asset<br>Value     | Last FYE Annual<br>Contributions | Current # of<br>Participants | ** Status    |
| Employees' Retireme   | nt System                           |                            |                                  |                              |              |
| of Tulsa County   | DB                                  | 272,830,244                | 11,202,878                       | 3,508                        | A            |
|   |                                     |                            |                                  | <u> </u>                     | <del> </del> |
|   |                                     |                            |                                  |                              |              |
| * Types: Defined Benefit (DI<br>** Status: Active (A); Frozen |                                     |                            |                                  |                              | ,            |
| Prior Insurance Carrier(s):                                   | Policy Period: L                    | imit of Liability:         | Retention: Pro                   | e <u>mium</u> :              |              |
| Hudson Insurance Co.  | 07/01/15 to 07/01/16                | \$10,000,000               | \$25,000 \$3                     | 36,212.00                    |              |
| Federal Ins. Co.  | 07/01/14 to 07/01/15                | \$5,000,000                | \$15,000                         |                              |              |
| Federal Ins. Co   | 07/01/14 to 07/01/15                | Excess \$5,000,000         |                                  |                              |              |
| If no prior coverage, check he                                | ere:                                |                            |                                  | -9                           |              |
| Requested Effective Date:                                     | 7/1/16                              |                            |                                  |                              |              |
| ESF31210001 (3/2012)  | Pa                                  | ge 1 of 6                  |                                  |                              |              |

| 3.                      | Has the Plan filed for an exemption from a prohibited transaction?   | Yes No_2                            | <u>K</u>             |
|-------------------------|--|-------------------------------------|----------------------|
| 4.                      | Are there any overdue, outstanding or delinquent employer contributions?   | Yes No                              | <u>K</u>             |
| 5.                      | Does the Plan have current coverage under a fidelity bond?   | Yes_X_ No                           | _                    |
| 6.                      | Has the actuary certified that the Plan is adequately funded?  a. To what percent if the plan funded? 88%  | Yes <b>_x</b> _ No                  | _                    |
| 7.                      | Do the trustees have authority over the choice of the following;   |                                     |                      |
|                         | <ul><li>a. Actuarial Cost Method?</li><li>b. Assumed interest rate?</li><li>c. Length of time in which to amortize unfunded liabilities?</li></ul>   | Yes X No_<br>Yes X No_<br>Yes X No_ | _                    |
| 8.                      | What is the bond rating of the governmental entity?A   |                                     |                      |
| 9.                      | Do the Trustees, employees and plan have available a Public Defense?   | Yes_X_ No                           |                      |
| 10.                     | Does the state have a government immunity statute?   | Yes_X_No_                           | _                    |
|                         |  |                                     |                      |
| D. I                    | Loss History (if any question is answered 'Yes' a written attachment is requir   | red)                                |                      |
| 1.<br>a                 | Loss History (if any question is answered 'Yes' a written attachment is required.  Has any trustee or employee of the Plan been:  a. accused, found guilty or held liable for a breach of trust or fiduciary duty  b. accused or convicted of criminal conduct?  c. refused coverage under a fidelity bond?  | Yes No<br>Yes No<br>Yes No          | X                    |
| 1.<br>a<br>b            | Has any trustee or employee of the Plan been:  a. accused, found guilty or held liable for a breach of trust or fiduciary duty  b. accused or convicted of criminal conduct?   | Yes No<br>Yes No                    | X<br>X               |
| 1.<br>a<br>b            | Has any trustee or employee of the Plan been:  a. accused, found guilty or held liable for a breach of trust or fiduciary duty  b. accused or convicted of criminal conduct?  c. refused coverage under a fidelity bond?   | Yes No Yes No Yes No Yes No         | <u>X</u><br><u>X</u> |
| 1.<br>a<br>b<br>c<br>2. | Has any trustee or employee of the Plan been:  a. accused, found guilty or held liable for a breach of trust or fiduciary duty  b. accused or convicted of criminal conduct?  c. refused coverage under a fidelity bond?  Are there any current claims outstanding against the Plan or any fiduciaries?  | Yes No Yes No Yes No Yes No         | X<br>X<br>X          |
| 1. a b c c 2. 3. 4.     | Has any trustee or employee of the Plan been:  a. accused, found guilty or held liable for a breach of trust or fiduciary duty  b. accused or convicted of criminal conduct?  c. refused coverage under a fidelity bond?  Are there any current claims outstanding against the Plan or any fiduciaries?  Have any claims been made against the Plan or any fiduciaries in the past 6 years?  Has the Plan received any communication from or been the subject of any | Yes No Yes No Yes No Yes No Yes No  | X<br>X<br>X          |

It is agreed that, if knowledge of any facts, events or circumstances exist, whether or not disclosed, any claim based upon or arising from them, and that any claim based upon or arising from any pending or prior proceeding, is excluded from the proposed coverage.

#### ALLE MEREQUIRED ATTACHMENTS AND SOME

The following information must be attached for each Plan to be covered under the proposed policy:

- List of current trustees along with years of experience
- Most recent Audited Financial Statements for the Plan
- Most recent Actuarial Report and Valuation
- Copy of the investment policy and/or guidelines
- If available, attach a copy of the governmental immunity statute for the state the risk is domiciled in
- Required attachments to underwriting questions, if any



Back row, left to right: Stephen A. Schuller, Richard Bales, John Baker, Dennis Semler Front row, left to right: Karen Keith, Heather Little, Sherril Williams, Pat Key Not pictured: John Smaligo, Barry West

(photo courtesy of Nicole Vance)

Sherril L. Williams, Chairman joined the County Clerk's office in November 1992 after working six years for Tulsa County Social Services. She was elected to the Board of Trustees in 1997. She has served as Chairman, Vice-Chairman and Investment Committee Chairman.

Barry West, Appointed Member was appointed by the Board of County Commissioners in February, 1991. He serves on the Board's Investment Committee. West is a lawyer and a Certified Public Accountant.

Richard Bales, Vice-Chairman joined Tulsa County in September 1972. Bales is the Director of the Parks department. He was elected to the Board of Trustees in August, 2013. He has served as Chairman, Vice-Chairman and Investment Committee Chairman.

**John Smaligo** was elected **County Commissioner for District 1** in 2006 and took office January 1, 2007. He served on the Board of Trustees from July 1, 2015 to December 31, 2015.

Heather Little, Member joined Tulsa County in May, 2011. Little is an Internal Auditor in the Treasurer's office. She was elected to the Board of Trustees in May, 2015. She has served as Chairman, Vice-Chairman and Investment Committee Chairman.

**Karen Keith** was elected **County Commissioner for District 2**, in November 2008. She served on the Board of Trustees from January 1, 2016 to June 30, 2016.

John Baker, Member was elected to the Board effective July 1, 2011, as the retiree member. He worked in the City-County Health Department for 39 years serving the citizens of Tulsa County before he retired.

Pat Key was elected County Clerk in November, 2012 and took office January 1, 2013. She serves as Clerk to the Board of Trustees.

Stephen A. Schuller, Appointed Member was appointed by the Board of County Commissioners in December, 1989. He serves on the Board's Investment Committee. Schuller is a lawyer whose practice is concentrated in business, real estate and international transactions.

Dennis Semler was elected County
Treasurer in January, 1995. He serves as
Treasurer to the Board of Trustees. Semler
also serves on the Board's Investment
Committee. He is admitted to practice law
by the State Supreme Court.

# INTRODUCTORY SECTION List of Professional Consultants

# Actuary

Milliman

#### **Auditors**

Stanfield & O'Dell, PC

## **Custodian Bank**

Bank of Oklahoma, NA

#### **Investment Consultants**

The Bogdahn Group

# **Investment Managers**

Aberdeen Asset Management
Barrow, Hanley, Mewhinney & Strauss, LLC
Chickasaw Capital Management
Denver Investment
Loomis Sayles
Pinnacle Investment Advisors
State Street Global Advisors
Tocqueville Asset Management
Wasatch Hoisington