

FIDUCIARY PROPOSAL FORM

Name of Company: Louisiana Stadium + Exposition District
(a political subdivision of the State of Louisiana)
Street Address: 1500 Girard Street
City, State, Zip: New Orleans, LA 70113
Internet Website Address: lsegov.com

Please list the officer designated as agent of the Company and of all proposed Insureds to receive any and all notices from the Insurer or its authorized representatives concerning this insurance:

Name L. Ron Forman Title Chairman of the Louisiana Stadium + Exposition District

EMPLOYEE INFORMATION

1. Number of: Full-time employees 0; Part-time employees 0.
2. Does the Company make use of independent contractors or non-employee labor? Yes No
If "Yes", provide the number of such workers used in the last 12 months _____

EMPLOYEE BENEFIT PLAN INFORMATION

3. Provide the name, type of plan, total asset value and /or the total annual contributions and number of participants (active and retired or separated) for all Employee Benefit Plans of the Company for which coverage is sought including deferred compensation plans whether intended to be covered by ERISA or not. (Use form attached to this Proposal Form). N/A
4. Does any plan or trust hold any "employer securities" as defined by ERISA? Yes No
If "Yes":
(a) List each plan and the percentage of the Company's securities held by each such plan or trust? N/A

(b) Is the trustee of each such plan independent of the Company? Yes No
(c) If a private company, how often and by what method is the stock valued? N/A

(d) Who has the voting rights for the shares of stock in the plan or trust N/A

5. Does any plan employ the services of:
(a) An investment management or consulting firm? Yes No
(b) A certified public accounting firm? Yes No
(c) An outside law firm? Yes No
(d) An actuarial firm? Yes No

If "Yes", to any of (a) - (d), provide the name of each firm used by each plan: N/A

If "Yes", to (d), provide:

date of latest actuarial assessment: _____

did the assessment contain qualifications? Yes No

If "Yes", attach a copy of the assessment.

were all the criticisms in the assessment corrected? Yes No

If "No", attach an explanation.

6. If any plan does not employ the services of an independent investment manager, who is responsible for the investment decisions of that plan?

N/A

7. Are any plan benefits secured by insurance? Yes No

If "Yes", describe the types of insurance and the carrier(s) providing such insurance: _____

PLAN CHANGES N/A

8. In the past three years:

(a) Has any plan been consolidated or merged into any plan for which coverage is sought? Yes No

(b) Has there been any amendment to any plan that has resulted in a change or reduction in benefits to participants including the change to a cash-balance plan? Yes No

If "Yes", provide details.

(c) Has the Company or any Subsidiary engaged in any transaction which caused any other entity to become the sponsoring employer of any employment Benefit plan, or which caused employees of the Company or any Subsidiary to become covered by a different Employee Benefit Plan, or which resulted in the termination of any Employee Benefit Plan? Yes No

If "Yes", provide details including the date of such transaction, the date of any asset distribution or transfer, whether benefits were secured through the purchase of annuities, guaranteed investment contracts or other similar investments, and, if so, the name of the investment sponsor, and whether any plan assets reverted to any party other than plan participants.

9. Does the Company or any Subsidiary expect any of the events set forth in question 8. above to occur in the next 12 months? Yes No

If "Yes", provide details.

COMPLIANCE N/A

10. Do the persons responsible for plan administration meet regularly to conduct plan business, review performance of outside service providers and review claims under the plan? How often? _____ Yes No

11. Does each plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), comply with the requirements of ERISA relating to eligibility, participation, vesting, funding and all other matters? Yes No

If "No", provide details.

12. At any time during the last five years has any plan had a funding deficiency? Yes No

13. At this time are there any delinquent contributions? Yes No
14. In the past 5 years, has there been any "reportable event" as defined in ERISA with respect to any plan? Yes No
15. Are there any transactions involving plan assets involving anyone known to be a party-in-interest? Yes No
16. Has any plan(s) invested in more than 10% of any corporation or partnership? Yes No

If "Yes" to any question 12. - 16., provide details.

17. Has the Company in the past, or does the Company anticipate in the next 12 months, allowing for enhanced benefits to employees electing early retirement if elected during a specified time period? Yes No

If "Yes", provide details including whether such plans have been disclosed to all employees.

PRIOR ACTIVITIES N/A

18. Have there been during the last five years, or are there now pending, any claims or suits brought against the plan(s), Sponsor Organization or its Subsidiaries, or any person proposed for this insurance which would have been covered by insurance similar to that applied for? Yes No

If "Yes", provide details in an attachment to this Proposal Form.

IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED FROM THE PROPOSED COVERAGE.

19. Is the undersigned or any other person(s) proposed for this insurance aware of any fact, circumstance or situation involving the Sponsor Organization, its Subsidiary(ies), the plan(s) or any other person proposed for this insurance, which he or she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? Yes No

If "Yes", provide details in an attachment to this Proposal Form.

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

PRIOR INSURANCE N/A

20. Previous Employee Pension/Welfare Benefit Plan Fiduciary Liability Insurance (answer each item):

(a) Carrier _____

(b) Limit _____ Deductible _____ Policy Period _____ Premium _____

- (c) Has any Claim been made or has notice been given to any Insurer? Yes No

- (d) Has any carrier refused, cancelled or non-renewed coverage? Yes No

- (e) If cancelled or non-renewed, has the discovery option been exercised? Yes No

If "Yes" to any of the above, please provide details in an attachment to this Proposal Form.