

ERISA BOND APPLICATION

BOND INFORMATION				Legal Name(s) of Plan(s) (Must be exactly as it is to appear on bond)			
Address			City		State	Zip Code	
Name of Sponsor Organization (Principal)				Total number of Trustees, Fiduciaries or Employees who handle funds or other property of the Plan.			
Has the Plan sustained any dishonesty losses in the last six years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please describe circumstances, dates and action taken on a separate sheet)				Current Carrier			
Effective Date		Asset Value of Plan					
		\$					
INTERNAL CONTROLS			Are the assets of the Plan audited annually by a CPA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a multi-employer Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any prior audit identified deficiencies or irregularities that remain uncorrected? (If yes, please attach letter that explains the nature of the deficiencies/irregularities and when corrective action will be taken. Also provide the name and phone number of the CPA.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Does the Plan employ an independent administrator financial adviser? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is countersignature required to withdraw funds from the Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, is there a voucher or other system in effect to prevent the unauthorized issuance of checks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What percent of Plan assets are invested in non-qualified investments?		Are bank statements reconciled monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the person who reconciles the bank statement also withdraw or deposit the funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please attach most recent copy of IRS Form 5500-C/R if bond amount is \$100,000 or higher.							
<p>Please choose the desired Limit and corresponding Premium payment option from the list below.</p> <p>ERISA requires that the Fidelity Bond Limit must be maintained at a minimum of 10% of the Plan Assets.</p> <p>Inflation Guard rates not approved in all states.</p>							
Bond Amount	1 Year	3 Years Prepaid	3 Years Prepaid with Inflation Guard	Bond Amount	1 Year	3 Years Prepaid	3 Year Prepaid with Inflation Guard
\$10,000	\$100 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$110 <input type="checkbox"/>	\$75,000	\$100 <input type="checkbox"/>	\$223 <input type="checkbox"/>	\$245 <input type="checkbox"/>
\$15,000	\$100 <input type="checkbox"/>	\$102 <input type="checkbox"/>	\$112 <input type="checkbox"/>	\$80,000	\$100 <input type="checkbox"/>	\$228 <input type="checkbox"/>	\$251 <input type="checkbox"/>
\$20,000	\$100 <input type="checkbox"/>	\$116 <input type="checkbox"/>	\$128 <input type="checkbox"/>	\$85,000	\$100 <input type="checkbox"/>	\$234 <input type="checkbox"/>	\$257 <input type="checkbox"/>
\$25,000	\$100 <input type="checkbox"/>	\$131 <input type="checkbox"/>	\$144 <input type="checkbox"/>	\$90,000	\$100 <input type="checkbox"/>	\$239 <input type="checkbox"/>	\$263 <input type="checkbox"/>
\$30,000	\$100 <input type="checkbox"/>	\$140 <input type="checkbox"/>	\$154 <input type="checkbox"/>	\$95,000	\$100 <input type="checkbox"/>	\$245 <input type="checkbox"/>	\$270 <input type="checkbox"/>
\$35,000	\$100 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$165 <input type="checkbox"/>	\$100,000	\$100 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$275 <input type="checkbox"/>
\$40,000	\$100 <input type="checkbox"/>	\$160 <input type="checkbox"/>	\$176 <input type="checkbox"/>	\$125,000	\$100 <input type="checkbox"/>	\$264 <input type="checkbox"/>	\$290 <input type="checkbox"/>
\$45,000	\$100 <input type="checkbox"/>	\$170 <input type="checkbox"/>	\$187 <input type="checkbox"/>	\$150,000	\$100 <input type="checkbox"/>	\$277 <input type="checkbox"/>	\$305 <input type="checkbox"/>
\$50,000	\$100 <input type="checkbox"/>	\$179 <input type="checkbox"/>	\$197 <input type="checkbox"/>	\$200,000	\$106 <input type="checkbox"/>	\$302 <input type="checkbox"/>	\$332 <input type="checkbox"/>
\$55,000	\$100 <input type="checkbox"/>	\$188 <input type="checkbox"/>	\$207 <input type="checkbox"/>	\$250,000	\$114 <input type="checkbox"/>	\$326 <input type="checkbox"/>	\$359 <input type="checkbox"/>
\$60,000	\$100 <input type="checkbox"/>	\$197 <input type="checkbox"/>	\$217 <input type="checkbox"/>	\$300,000	\$123 <input type="checkbox"/>	\$351 <input type="checkbox"/>	\$386 <input type="checkbox"/>
\$65,000	\$100 <input type="checkbox"/>	\$206 <input type="checkbox"/>	\$227 <input type="checkbox"/>	\$350,000	\$131 <input type="checkbox"/>	\$375 <input type="checkbox"/>	\$413 <input type="checkbox"/>
\$70,000	\$100 <input type="checkbox"/>	\$214 <input type="checkbox"/>	\$235 <input type="checkbox"/>	\$400,000	\$140 <input type="checkbox"/>	\$400 <input type="checkbox"/>	\$440 <input type="checkbox"/>
				\$500,000	\$157 <input type="checkbox"/>	\$449 <input type="checkbox"/>	N/A
<p>ERISA Inflation Guard Endorsement may be added to the bond under the following conditions:</p> <ul style="list-style-type: none"> •Principal prepays premium three years in advance; • The bond limit is less than \$500,000; •The bond limit is equal to or greater than that required under ERISA as of the effective date and; •Principal pays the additional premium for the coverage. <p>Surcharge three-year premium by 10% to add Inflation Guard Endorsement. Premium surcharge shall be rounded to the nearest \$1.00.</p>							

AGENT		Phone # ()		E-mail	
Address		City		State	Zip