



APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND

*Non-Union Plans Only
Qualifying Assets Only*

Requested Bond Amount: \$ _____
(Amount applies to each fiduciary listed below)

Effective Date: _____

Is this bond required because more than 5% of the Plan assets are "non-qualifying"? _____ Yes _____ No
If yes, please contact our office.

Legal Name of Plan(s): _____

Type of Business: _____

Business Address: _____

Mailing Address: _____

Total Plan Assets: \$ _____ Number of Trustees: _____ Number of Participants: _____

Each fiduciary (trustee) to be named (please print):

Name _____

Name _____

Name _____

Is the Plan audited by a CPA? _____ Yes _____ No Date of last audit: _____
If no, why is the plan not audited? _____

Previous ERISA coverage? _____ Yes _____ No If yes, list bond carrier: _____

Has applicant experienced any claims in the past five years? _____ Yes _____ No
(If yes, give specific details on each incident, and any changes made to prevent a reoccurrence, on a separate sheet.)

Premium payments for this new bond: 1 year bond 3 year bond

COMPLETE THE FOLLOWING FOR REQUESTS OF \$500,000 AND LARGER

What % of Plan assets are **employer securities**? _____ %

Are Plan accounts reconciled by someone not authorized to deposit or withdraw funds? _____ Yes _____ No

Are two (2) or more signatures required for withdrawals and larger checks? _____ Yes _____ No

Are separate corporate trust account(s) established for the Plan assets? _____ Yes _____ No

If yes, where are the assets held? _____

Agency _____
Address _____ Street
City _____ State _____ Zip _____
Agent's Code _____

The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.

Signature of Officer or Employer

Official Title