



# Pension/Profit Sharing Trust (Erisa) Bond Application

Subm #:

<b>APPLICANT INFORMATION</b>	Applicant (Provide Exact Name of Plan)						
Business Address			City	State	Zip	Year Business was Established	
Describe the Products or Services of Your Business or Activity			Previous Surety Company		Reason for changing Bonding Company		
<b>BOND INFORMATION</b>	Amount of Bond \$		Effective Date		Premium Payments <input type="checkbox"/> Three Years in Advance <input type="checkbox"/> Annually		
<b>UNDERWRITING INFORMATION</b>	Total Assets in the Plan (Bond amount should equal 10% of plan assets)						
Does the fiduciary invest any of the trust funds in the employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are regular outside audits conducted on the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does plan employ an independent administrator or financial advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			What percentage of plan's assets are invested in non-qualified investments?				
<b>AGENT/BROKER INFORMATION</b>	Agent/Broker Name		Code	Phone No.	Fax No.	City	State Zip
<b>AGENT'S RECOMMENDATION</b>				<b>COMMENTS</b>			
<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.				<hr/> <hr/> <hr/>			

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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.