



UNIVERSAL SURETY OF AMERICA

APPLICATION FOR PENSION TRUST (ERISA) COMMERCIAL BLANKET BOND

Non-Union Plans Only

Qualifying Assets Only

Requested Bond Amount: \$ _____

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): _____

ERISA Multiple Plans? _____ Yes _____ No

Business Address: _____

Mailing Address: _____

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

*Coverage provided is commercial blanket fidelity and is limited to trustees of the plan. This bond does not cover independent Plan Administrators.

Are all trustees actual employees of the business (which is not a union)? _____ Yes _____ No

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.)

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? _____

Penalty Amount*	3-Year Prepaid Premium
\$100,000	\$215
150,000	238
200,000	261
250,000	282
300,000	302
350,000	320
400,000	342
450,000	363
500,000	383

*Contact your agent for other penalty and premium amounts.

*Add 10% for Growth Protection Rider

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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

PARAGON

Underwriters, Inc.

7035 Orchard Lake Road, Suite 200

P.O. Box 252555

West BloomField, MI 48325-2555

Fax: (248) 851-1205 Telephone: (248) 851-3066 Toll Free: (800) 727-0001