

APPLICATION FOR ERISA PENSION TRUST BOND

Plan Name: _____

Type of Business: _____

Business Address: _____

Total Fund Balance: _____ Bond Amount: _____

Effective Date: _____ Premium Payments: 1-year 3-year prepaid

Previous Surety? Yes No Name and reason for change: _____

Is the Plan audited? Yes No How often? _____ By whom? _____

Is this bond required because more than 5% of the plan assets are "non-qualifying"? Yes No

Any dishonesty losses related in the plan in the past 5 years? Yes No

(If yes, give specific details on each loss and any changes made to prevent such a reoccurrence on a separate sheet.)

Trustee Information:

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

(Please include additional names on a separate sheet and attach to this application if needed.)

* Coverage is commercial blanket fidelity on the trustees of the plan only (not on Independent Plan Administrators).

Penalty Amount*	Annual Premium	3-Year Prepaid Premium
\$100,000	\$116	\$215
150,000	129	238
200,000	140	261
250,000	152	282
300,000	163	302
350,000	174	320
400,000	186	342
450,000	198	363
500,000	208	383

*Contact your agent for other penalty and premium amounts.

Many companies today offer pension plans and/or profit sharing plans. The Pension Reform Act of 1974 states that fiduciaries of a pension or profit sharing plan fund are required to post a bond for 10% of the amount of funds handled.



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