

## ERISA BOND APPLICATION

BOND # ERS2700117

Name of Plan(s) (exact name of Plan(s) to be covered) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

1. Is the Plan audited annually by a CPA?  YES  NO

If yes, provide name of the CPA firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Does an Independent Administrator service the Plan?  YES  NO

If yes, provide name of Administrator \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please note Independent Administrators will not be covered under Bond unless you contact your Branch Office.*

3. How many trustees are there for the Plan? \_\_\_\_\_

4. Are two signatures required to withdraw from the Plan?  YES  NO (If no, submit to your Branch Office for underwriting)

5. Who reconciles Plan's bank statement? \_\_\_\_\_

6. Who deposits funds in Plan's accounts? \_\_\_\_\_

*(If the same name is listed in both questions 5 and 6, submit application to your Branch Office for underwriting)*

Amount of Bond \$ \_\_\_\_\_ Total Plan Assets \$ \_\_\_\_\_

*Bond Amount must be for at least 10% of the Plan assets.*

Premium Basis  1 Year prepaid  3 Year Prepaid Proposed Effective Date \_\_\_\_\_

Is Inflation Guard Coverage desired?  YES  NO

Please call the Branch Office for Authorization on Bonds over \$100,000.

### **READ CAREFULLY AND SIGN**

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

### **FRAUD STATEMENT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**Notice To Arkansas Applicants:** "any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Notice To Colorado Applicants:** "it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

**Notice To District of Columbia Applicants:** "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

**Notice To Florida Applicants:** "any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree."

**Notice To Kentucky Applicants:** "any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

**Notice To Maine Applicants:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

**Notice To New Jersey Applicants:** "any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**Notice To New Mexico Applicants:** "any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

**Notice To New York Applicants:** "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 information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**Notice To Ohio Applicants:** "any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

**Notice To Oklahoma Applicants:** "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

**Notice To Pennsylvania Applicants:** "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 information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**Notice To Tennessee and Virginia Applicants:** "it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**Notice To Washington Applicants:** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

**Notice To West Virginia Applicants:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Signed at \_\_\_\_\_ Insured: \_\_\_\_\_

This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ By: \_\_\_\_\_  
(Signature) Trustee (Title)

**SUBMITTING AGENT'S INFORMATION:**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_