



Pension / Profit Sharing Trust (Erisa) Bond Application

Applicant Information

Applicant (Provide Exact Name of Plan): _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Year Business was Established: _____ Describe the Products or Services of Your Business or Activity: _____

Previous Surety Company: _____ Reason for changing Bonding Company: _____

Bond Information

Amount of Bond: _____ Effective Date: _____

Premium Payments: Three Years in Advance Annually

Underwriting Information

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? Yes No

Are regular outside audits conducted on the plan? Yes No

Does plan employ an independent administrator or financial advisor? Yes No

What percentage of plan's assets are invested in non-qualified investments? _____

Agent/Broker Information

Agent/Broker Name: _____ Code: _____ Phone #: _____

Fax #: _____ City: _____ State: _____ Zip Code: _____

Agent's Recommendation

- We are not very familiar with this applicant.
- We are familiar with applicant and are aware of no adverse information about him/her.
- We know applicant very well and offer our highest recommendation.

Comments
