



# APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND

*Non-Union Plans Only*

*Qualifying Assets Only*

Requested Bond Amount: \$ \_\_\_\_\_  
(Amount applies to each fiduciary listed below)

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. Any questions on what constitutes a qualifying and non-qualifying asset should be addressed with your attorney or CPA.

Legal Name of Plan(s): \_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

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

Each fiduciary (trustee) to be named (please print):

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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.)

Premium payments for this new bond:  1 year bond  3 year bond

## **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? \_\_\_\_\_

Agency _____
Address _____
Street
City _____ State _____ Zip _____
Agent's Code _____

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 \_\_\_\_\_