CNA SURETY

Western Surety Company

APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND

Qualifying Assets Only

Effective Date: _____

Legal Name of the Plan(s) (i.e ABC Company 401k Plan, Pension Plan, etc.): _____

_____

Business Address: _____

Mailing Address: _____

Total Plan Assets: $ _____ Number of Participants: _____

Is this bond required because more than 5% of the Plan assets are "non-qualifying"? ***Yes*** ☐ ***No*** ☐
Any questions on what constitutes a qualifying vs. non-qualifying asset should be addressed with an attorney or CPA.

Name of each fiduciary/trustee to be named and amount of coverage per trustee* (please print):

Name: _____ Amount of Coverage: _____

Name: _____ Amount of Coverage: _____

Name: _____ Amount of Coverage: _____

Name: _____ Amount of Coverage: _____

*** Per the U.S. Department of Labor Field Assistance Bulletin No. 2008-04, "A plan official must be bonded for at least 10% of the amount of funds he or she handles, subject to a minimum bond amount of $1,000 per plan with respect to which the plan official has handling functions."**
This bond is intended to cover internal plan fiduciaries (trustees) and does not cover independent Plan Administrators or external Plan Officials.

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 the 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 ☐ 3 year ☐

COMPLETE THE FOLLOWING FOR REQUESTS OF $500,000 AND LARGER

What %, if any, 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 accounts established for the Plan assets? Yes ☐ No ☐
If yes, where are the assets held? _____

Agent's Code _____ _____ – _____ _____ _____ _____ _____

Agency _____

Address _____
Street

_____
City State Zip

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 Authorized Representative

Official Title

For your protection California law requires the following to appear on this form: Any person who knowingly and with intent to defraud any insurance company or person files an application 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 under applicable law. The applicants and indemnitors certify the truth of all statements in the application and authorize CNA Surety to verify this information and to obtain additional information from any source including obtaining a credit report.

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