



APPLICATION FOR ERISA BOND
Employee Retirement Income Security Act of 1974

Bond No. \_\_\_\_\_

Name of Plan(s) to be covered: \_\_\_\_\_

Company: \_\_\_\_\_ Attn: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Effective Date of Bond: \_\_\_\_\_ Amount of Bond:\$ \_\_\_\_\_

Fund Balance: \$\_\_\_\_\_ Qualified Assets:\$\_\_\_\_\_ Non-Qualified:\$\_\_\_\_\_

Have you sustained any employee dishonesty losses in the last six (6) years? \_\_\_\_\_

Yes [ ] No [ ] If "Yes", please explain (attach details on separate sheet).

Plan Officials & Employees (List number for each Classification - include all individuals having access to or controlling the funds)

Trustees \_\_\_\_\_ Manager \_\_\_\_\_ Bookkeeper \_\_\_\_\_

Administrator (Employees) \_\_\_\_\_ Auditor (Employees) \_\_\_\_\_ Other (Employees) \_\_\_\_\_

Name and Address of other NON-Employees (plan administrator/consultant, etc.) acting in an administrative or Fiduciary capacity

Is the above company to be covered under this ERISA Policy? \_\_\_\_\_

Audit and Control Procedures:

◆ How frequently are Audits made? \_\_\_\_\_

◆ Are two signatures required on checks or withdrawal orders of the Plan?

Yes [ ] No [ ] If no, who signs? \_\_\_\_\_

◆ Who reconciles the Plan's Bank or Savings & Loan Statement(s)? How often?

\_\_\_\_\_

◆ Does the same person also deposit the funds? Yes [ ] No [ ]

◆ Will securities be subject to joint control by two or more responsible employees?

Yes [ ] No [ ]

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

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