

### APPLICATION FOR ERISA BOND

New  
 Renewal  
Bond No. \_\_\_\_\_

Agency: \_\_\_\_\_

Code: \_\_\_\_\_

Legal name of Plan (as it appears on form 5500) \_\_\_\_\_

Name of Sponsor \_\_\_\_\_

Address of Sponsor \_\_\_\_\_

Effective or continued on \_\_\_\_\_ Bond Amount \_\_\_\_\_

The Employee Retirement Income Security Act of 1974 (ERISA) requires a bond equal to 10% of the funds handled by a Plan Official or Fiduciary with a maximum Bond Limit of \$1,000,000. You can obtain this required bond through the Surety Online™ platform. Safeco Surety writes a separate bond for each plan subject to the following stipulations:

1. Five or fewer trustees
2. No losses
3. Non-Union Plans
4. No Non-Qualifying Assets
5. No designated Agents or Additional Named Insured coverage
6. No independent contractors

Does the Applicant agree to the above stipulations? \_\_\_\_\_ YES/ NO (circle one)

If yes, please answer the following questions:

1. Are any trust funds invested in the employer's business? \_\_\_\_\_ YES/ NO (circle one)
2. If yes, who directs the investments? \_\_\_\_\_
3. Does the plan employ the services of an independent administrator? \_\_\_\_\_ YES/ NO (circle one)
4. If yes, Name of Administrator \_\_\_\_\_
5. Address of Administrator \_\_\_\_\_
6. Are the assets of the Plan audited annually? \_\_\_\_\_ YES/ NO (circle one)
7. If yes, is the auditor an independent CPA? \_\_\_\_\_
8. If yes, name of CPA \_\_\_\_\_
9. Has any insurer or surety declined or canceled your bond or policy in the last six years? \_\_\_\_\_ YES/ NO (circle one)
10. The present officers, employees, agents and partners of the Applicant have to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicated that any of the said officers, employees, agents or partners are dishonest. Such knowledge that any official or officer signing for the Applicant may now have in respect to his or her own personal acts or conduct unknown to the Applicant is not imputable to the Applicant.

Is this statement true? \_\_\_\_\_ YES/ NO (circle one)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Applicant/Sponsor)

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

(Name and Title)

**Note: Please attach latest available Annual Return/Report of Employee Benefit Plan (Form 5500) and Fax completed application (including questions 1-10) to 1-317-262-6831 for underwriting consideration.**

The Safeco® ERISA bond contains an Inflation Guard feature which automatically provides a bond amount equal to that required by ERISA, provided the Sponsor/Plan purchases an amount at least equal to the required ERISA bond amount at the inception date of the Bond/Rider.



**THIS WARNING IS PART OF YOUR APPLICATION, READ IT CAREFULLY**

**GENERAL FRAUD AND STATE SPECIFIC FRAUD WARNINGS**

The General Fraud Statement is applicable to all states except the Colorado, Hawaii, Ohio, Oklahoma, Oregon, Utah and Vermont. The State Specific Fraud Warnings are also listed. Please read the Fraud Warning that is applicable for your State, and acknowledge receipt by signing below it (if required). Consult your agent if you have any questions about your application for the ERISA Bond.

**GENERAL FRAUD STATEMENT**

(Not applicable in Colorado, Hawaii, Ohio and Oklahoma)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington insurance benefits may also be denied.

**COLORADO APPLICATION SUPPLEMENT**

**FRAUD WARNING**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**HAWAII APPLICATION SUPPLEMENT**

**FRAUD WARNING**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

