



Specialists in Hard to Place Bonds.

Bond Brokers, Inc.  
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Ph: 773-736-2320 Fax: 73-736-0835  
Toll Free 1-(888) 488-BOND (2663)  
www.bondbrokersinc.com

## ERISA BOND APPLICATION

Name of Plan(s) (*exact name of Plan(s) to be covered*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

1. Is the Plan audited annually by a CPA?  YES  NO

If yes, provide name of the CPA firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Does an Independent Administrator service the Plan?  YES  NO

If yes, provide name of Administrator \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please note Independent Administrators will not be covered under Bond unless you contact your Branch Office.*

3. How many trustees are there for the Plan? \_\_\_\_\_

4. Are two signatures required to withdraw from the Plan?  YES  NO (*If no, submit to your Branch Office for underwriting*)

5. Who reconciles Plan's bank statement? \_\_\_\_\_

6. Who deposits funds in Plan's accounts? \_\_\_\_\_

*(If the same name is listed in both questions 5 and 6, submit application to your Branch Office for underwriting)*

Amount of Bond \$ \_\_\_\_\_

**Qualified** Plan Assets \$ \_\_\_\_\_ *Bond amount must be for at least 10% of Qualified Plan Assets. Maximum Bond limit is \$500,000.*

**Non-Qualified** Plan Assets \$ \_\_\_\_\_ *Bond amount must be for 100% of the Non-Qualified Plan Assets.*

Premium Basis  1 Year prepaid  3 Year Prepaid Proposed Effective Date \_\_\_\_\_

Is Inflation Guard Coverage desired?  YES  NO

Please call the Branch Office for Authorization on Bonds over \$100,000.

### READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound

to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

**FRAUD STATEMENT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MAY SUBJECT THAT PERSON TO CRIMINAL AND/OR CIVIL PENALTIES. PENALTIES MAY INCLUDE CONFINEMENT IN PRISON, FINES AND DENIAL OF INSURANCE BENEFITS.

Signed at \_\_\_\_\_

Insured: \_\_\_\_\_

This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ By: \_\_\_\_\_  
(Signature) Trustee (Title)

**SUBMITTING AGENT'S INFORMATION:**

Name: Bond Brokers, Inc License Number: \_\_\_\_\_

Mailing Address: 6160 N. Cicero Ave. #610, Chicago, IL 60646

Phone: 773-736-2320 Contact: Judy Blaige