



**PENSION TRUST (ERISA) NAME SCHEDULE
BOND APPLICATION**

Legal Name of Plan:	
Plan Address:	
Total Plan Assets: \$	Effective Date:

Name of Plan Official:	Amount:

Are more than 5% of the Plan assets "non-qualifying"? <input type="checkbox"/> Yes <input type="checkbox"/> No Plans with more than 5% Plan assets as "non-qualifying" are not eligible.		
Is the Plan audited? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?	
If yes, how frequently?	Date of last audit:	Any irregularities found?
If no, why is the Plan not audited?		
Previous ERISA coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list bond carrier:		
Has applicant experienced any claims in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, on a separate sheet, give specific details on each incident, and any changes made to prevent a recurrence.		
Are the withdrawals and deposits of funds handled by separate individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Premium payments for this new bond: <input type="checkbox"/> 1 year bond <input type="checkbox"/> 3 year bond (reduced rate of 2.85 x annual premium)		

Multi-employer plans are not considered.

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:

Printed Name: _____

Official Title: _____

Agent Name	Agency Code
Address	City State Zip