

Cardholder Name: \_\_\_

## **ERISA FIDELITY BOND APPLICATION**

## **COMPLETE APPLICATION AND SUBMIT TO:**

Underwriting@SuretyOne.org — OR — +1 (919) 834-7039 (facsimile)

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Plan Name:(Please provide FULL plan name, i.e., 401(K), etc.)							
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Sponsor Name:							
Sponsor Addre	ss:						
	(City)			(State) (Zip Code)			
Sponsor Email:							
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Do any of the p	lans contain non-qu	alifying assets?	○ Yes ○ No	(If yes, not eligible for coverage under this policy. Please contact your underwriter.)			
Do any of the p	Do any of the plans contain employer securities?						
Number of Trus	stees:	Requ	ested Effective Da	ate:			
Loss History, If	Applicable:						
Bond Limit	3 Yr. Premium	Bond Limit	3 Yr. Premium	The Employee Retirement Income Security Act (ERISA) requires a			
\$25,000	\$200	\$300,000	\$429	fidelity bond covering a fiduciary and any person who handles funds or			
\$50,000	\$230	\$350,000	\$458	other property of such a Plan. The amount of coverage necessary for			
\$75,000	\$267	\$400,000	\$486	each plan is equal to no less than ten percent (10%) of the funds of the			
\$100,000	\$307	\$500,000	\$546	plan subject to a \$500,000 maximum. If the plan invests in "employer			
\$125,000	\$326	\$600,000	\$606	securities" the maximum limit is \$1,000,000. The term "employer			
\$150,000	\$338	\$700,000	\$667	security" means any common or preferred stock issued by the employer			
\$175,000	\$358	\$800,000	\$720				
\$200,000	\$369	\$900,000	\$780	including any subsidiaries or affiliates. Use of this application worksheet			
\$250,000	\$398	\$1,000,000	\$840	evidences my consent to these rates.			
		•		Bond amount requested \$			
PAYMEN	JT						
		○ <b>p</b> :	. D''	v			
		t Bill	X Signature (Agent or Plan Applicant)				
				Date:			
CREDIT	CARD AU	ΓHORIZA	TION				
				_			
Expiration:	/ C	CVC2 (CID if Am	Ex):				
Billing Address	:			IF MAILING PAYMENT			
				Surety One, Inc.			
City: State: Zip:				P.O. Box 37284 Raleigh, NC 27627			
Phone #:				—			
Email:				_			