



INVESTMENT ADVISER ERISA BOND COMPLIANCE APPLICATION

APPLICANT

Full Name		Email Address		Phone Number	
Address			City		State
Zip Code		SEC Registered Investment Advisor <input type="checkbox"/> Yes <input type="checkbox"/> No		CRD Number	Date Established
Proposed Effective Date of Coverage					

CUSTODY OF ASSETS & FINANCIAL CONTROLS

Do you ever take physical possession of any clients' plan assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , describe the circumstances, type of assets, and where they are kept.
Do you use qualified third-party custodians for covered client plan assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have the qualified custodians been advised never to release client assets to anyone in your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the custodian provide your client with a statement of investment account activity directly? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , how frequently? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
Have all custodians who hold assets for your client ERISA plans been advised in writing to never release client assets back to anyone in your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , why is this review process not segregated?
Do employees who handle plan account reconciliations also sign checks, handle deposits, and have access to check signing machines or signature plates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , why are these duties not segregated?
Is there a formal process for reconciling plan account discrepancies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an internal audit department, or some form of internal audit function, that oversees or monitors plan account transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , summarize the type of audit-related oversight there is on plan accounts to ensure there are no suspicious transactions and that procedures are being followed.

PRIOR LOSSES

Has Applicant discovered or sustained any employee fraud or dishonesty loss to a client ERISA plan account or a client Non-ERISA qualified retirement and employee benefit plan account in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , describe all losses, loss amounts, and corrective internal controls.
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REQUESTED COVERAGE LIMIT

This coverage is only for client ERISA plans and/or client Non-ERISA qualified retirement employee benefit plans. This coverage is for client plans only. Do not include any plans sponsored by Applicant or Applicant's affiliates or subsidiaries.

Option 1: Attach schedule of plans

Include plan name, respective assets of each plan, and whether or not the plan holds employer securities. Each plan needs to be calculated individually. Provide the assets of each client plan you would like to be covered. Generally, the required limit for each plan is calculated by taking 10% of handled plan assets, with a minimum of \$1,000, and a maximum of \$500,000. For any plan that holds employer securities, as defined in ERISA section 407(d)(1),(29, U.S.C. s1107(d)(1)), a maximum of \$1,000,000 applies.

Option 2: Provide aggregate sum of all plans

Aggregate limit of liability required for all client plans
\$

FRAUD STATEMENTS

ALABAMA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

COLORADO: "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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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."

DISTRICT OF COLUMBIA: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

FLORIDA: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

HAWAII: "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."

KENTUCKY: "Any person who knowingly and with intent to defraud any insurance company or other 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."

LOUISIANA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

MARYLAND: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

NEW JERSEY: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PENNSYLVANIA: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties."

RHODE ISLAND: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

TENNESSEE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

WASHINGTON: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

PUERTO RICO: "Any person who knowingly, and with the intention of defrauding, presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years."

The applicant and/or applicant's representative declares that to the best of his/her knowledge and belief that the answers and statements provided in this application are complete and true, and that if any change of the information provided occurs prior to the inception date of the policy, the applicant or applicant's representative will notify the insurance company of those changes.

Signed and dated this _____ day of _____, 20_____

Applicant Signature: _____

Applicant Name: _____

Applicant Title: _____



WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to Underwriting@SuretyOne.org or your assigned underwriter
 - b. Mail the pages to our Raleigh NC address (listed above)
 - c. Fax the pages to 919-834-7039

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to Underwriting@SuretyOne.org or to your assigned underwriter
 - b. Upload the PDF to the form on www.suretyone.org/contact-us

Note: Incomplete applications may result in processing delays.

The Employee Retirement Income Security Act of 1974 (ERISA) Section 412 and related regulations (29 C.F.R. § 2550.412-1 and 29 C.F.R. Part 2580) require that every fiduciary of an employee benefit plan and every person who handles funds or other property of such a plan be bonded. A plan official must be bonded for at least ten percent of the amount of funds he or she handles. "Plan official" has typically been construed to exclude financial advisers that have no relationship or nexus with the plan sponsor other than being an independent service provider. In efforts to assist non-custodial financial advisers fulfill the Section 412 requirements, Surety One, Inc. is pleased to offer a specialty ERISA bond for SEC registered financial advisers and state registered financial advisors. The investment adviser ERISA compliance bond bridges the exclusionary gap created by the current wording of most ERISA fidelity Bonds.

Surety One, Inc. is a specialist in surety and fidelity bond underwriting. Licensed in all fifty states, Puerto Rico and U.S. Virgin Islands, we are one of the largest producers of ERISA fidelity bonds in the nation. Our knowledge, extensive experience with ERISA bonds and our broad underwriting authorities allow us to fulfill your fidelity bond need immediately. We bond plans with non-qualifying assets, ESOPs, labor union and multi-employer plans. NO ONE is turned away! Standard plan ERISA bond requests are completed on day of receipt, six days per week.