



# ERISA FIDELITY BOND APPLICATION

COMPLETE APPLICATION AND SUBMIT TO:  
Underwriting@SuretyOne.com — OR — +1 (919) 834-7039 (facsimile)

Plan Name: \_\_\_\_\_  
(Please provide FULL plan name, i.e., 401(K), etc.)

Sponsor Name: \_\_\_\_\_  
(Please provide FULL name, i.e., Inc., Ltd., LLC, , etc.)

Sponsor Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Sponsor Email: \_\_\_\_\_

Do any of the plans contain non-qualifying assets?  Yes  No (If yes, not eligible for coverage under this policy. Please contact your underwriter.)

Do any of the plans contain employer securities?  Yes  No (If yes, please forward details of the plan assets to your underwriter.)

Number of Trustees: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Loss History, If Applicable: \_\_\_\_\_

Bond Limit	3 Yr. Premium	Bond Limit	3 Yr. Premium
\$25,000	\$200	\$300,000	\$429
\$50,000	\$230	\$350,000	\$458
\$75,000	\$267	\$400,000	\$486
\$100,000	\$307	\$500,000	\$546
\$125,000	\$326	\$600,000	\$606
\$150,000	\$338	\$700,000	\$667
\$175,000	\$358	\$800,000	\$720
\$200,000	\$369	\$900,000	\$780
\$250,000	\$398	\$1,000,000	\$840

The Employee Retirement Income Security Act (ERISA) requires a fidelity bond covering a fiduciary and any person who handles funds or other property of such a Plan. The amount of coverage necessary for each plan is equal to no less than ten percent (10%) of the funds of the plan subject to a \$500,000 maximum. If the plan invests in "employer securities" the maximum limit is \$1,000,000. The term "employer security" means any common or preferred stock issued by the employer including any subsidiaries or affiliates. Use of this application worksheet evidences my consent to these rates.

Bond amount requested \$ \_\_\_\_\_

## PAYMENT

Agency Bill  Direct Bill  
(For Insurance Producers Only)

X \_\_\_\_\_  
Signature (Agent or Plan Applicant)

Date: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION

Account #: \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_ CVC2 (CID if AmEx): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

## IF MAILING PAYMENT

Surety One, Inc.  
P.O. Box 37284  
Raleigh, NC 27627

[SuretyOne.com](http://SuretyOne.com)