



ERISA FIDELITY BOND APPLICATION

COMPLETE APPLICATION AND SUBMIT TO:
Underwriting@SuretyOne.com — OR — +1 (787) 293-9221 (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:* _____
**Retrodating in excess of thirty (30) days not permitted using this form. Contact your underwriter for retrodating instructions.*

Loss History, If Applicable: _____

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

For limits in excess of \$500,000, contact Underwriting@SuretyOne.com for appropriate application materials.

The Employee Retirement Income Security Act (ERISA) requires a fidelity bond covering a fiduciary and any person who handles funds or other property of a regulated plan. The amount of coverage necessary for each plan is equal to no less than ten percent (10%) of value 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 the insurance carrier's rate and broker fees.

Bond amount requested \$ _____

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