



ERISA BOND SUPPLEMENTAL APPLICATION FOR LIMITS OVER \$1,000,000

Email: Underwriting@SuretyOne.org | Facsimile: 919-834-7039 | Mail: P.O. Box 37284, Raleigh, NC 27627

Insured Plan Name(s): _____

Address: _____

1. Total Plan assets at the end of the most recent reporting year: \$ _____
2. Number of Plan Trustees: _____
3. Do investment decisions require approval of all Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is a quorum required? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the plan utilize the services of outside consultants? (Check all that apply) Investment Advisor <input type="checkbox"/> Actuary <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Administrator <input type="checkbox"/> Custodian <input type="checkbox"/> CPA <input type="checkbox"/> Outside Trustee <input type="checkbox"/> Investment Manager <input type="checkbox"/>
5. Are any of the Plan assets "non-qualified"? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a.) Indicate the amount of non qualified assets at the end of the most recent reporting year: \$ _____ b.) What is the nature of the "non-qualified" assets? _____ c.) What is the type of Retirement Plan? <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Defined Benefit d.) Is this a participant-directed plan with segregated accounts for each participant? <input type="checkbox"/> Yes <input type="checkbox"/> No e.) Are non-qualifying assets held by any participants other than principals of the sponsor company acting as Trustee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No f.) What percentage interest (as participants in the plan assets) do the plan trustees and/or principals of the sponsor company hold in the plan? _____ g.) Does the Trustee, plan sponsor principals or any related party hold any interest in non-qualified assets outside of their interest in the plan as a participant? Yes No h.) Are non-qualified investments originated and/or managed by a 3rd party manager/custodian? Yes No
6. Are any of the Plan assets "Employer Securities"? <input type="checkbox"/> Yes <input type="checkbox"/> No (Section 407 (d)(1), 29 U.S.C. §1107(d)(1), defines employer securities as "a security issued by an employer of employees covered by the plan, or by an affiliate of such employer.") If yes, indicate amount at the end of the most recent reporting year: \$ _____
7. Does the sponsoring company have a CPA audit that includes the Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are bank accounts reconciled by someone <i>not</i> authorized to deposit or withdraw funds from the account? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is countersignature of checks required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what limit? \$ _____ If no, who signs? _____
10. Is the Insured aware that, with the exception of "non-qualified assets" and "employer securities," ERISA regulations only require a minimum bond amount of 10% of the Plan funds handled, subject to a maximum requirement of \$500,000 per Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason for higher limits: _____

Insurance Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or a statement of claim containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

Application completed by: _____
(Name and Title)

Signature: _____

Date: _____