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## ERISA Fidelity Bond Application

Please type responses in form fields below. Do not print and write responses by hand. Typed responses to ensure accuracy of submitted information.

Bond Effective Date: \_\_\_\_\_

Bond Amount: (Bond amount must be for at least 10% of the qualified plan assets.)

\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000

Name of Plan: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FEIN: \_\_\_\_\_ Plan Holder's Name: \_\_\_\_\_

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

Plan Holder's Address (If different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plan Sponsor Name (If different than plan name): \_\_\_\_\_

Plan Sponsor's Address (If different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the plan audited annually by a CPA?: Yes No If yes, CPA Firm Name: \_\_\_\_\_

If yes, CPA Firm Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does an independent administrator service the plan?: Yes No Number of Trustees for Plan: \_\_\_\_\_

Value of Qualified Plan Assets: \_\_\_\_\_ State Funds Are Held: \_\_\_\_\_

Has the sponsor or any of the applicant's plans experienced any prior/pending fidelity/dishonesty loss?: Yes No

Has the sponsor or any of the applicant's plans been declined coverage by another insurance company?: Yes No

Is the sponsor of any of the applicant's plans a union?: Yes No

Does the plan include any non-qualified assets?: Yes No If yes, Value of Non-Qualified Plan Assets?: \_\_\_\_\_

Who reconciles plan's bank statement?: \_\_\_\_\_ Who deposits funds in plan's accounts?: \_\_\_\_\_

Do any of the applicant's plans contain employer securities?: Yes No

If yes, is the required bond amount over \$500,000?: Yes No

Is this your first time purchasing an ERISA Fidelity Bond for this plan?: Yes No

Is there more than one plan needing coverage?: Yes No

If yes, please list additional plans:

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\*All information furnished on this application will be utilized and relied upon in the issuance of any bond, on or after the date above. By submitting this application, you acknowledge and authorize the procurement and use of a credit report for the individuals and/or business listed above. If submitted by a third party, you acknowledge and agree that you have the authorization of the applicant.