

Western Surety Company

APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND

Qualifying Assets Only

Effective Date:	
Legal Name of the Plan(s) (i.e ABC Company 401k Plan, Pension Plan, etc.):	
Business Address:	
Mailing Address:	
Total Plan Assets: \$	Number of Participants:
Is this bond required because more than 5% of the P Any questions on what constitutes a qualifying vs. non-qualifying	
Name of each fiduciary/trustee to be named and amount	t of coverage per trustee* (please print):
Name:	Amount of Coverage:
* Per the U.S. Department of Labor Field Assistance Bulletin No. 2008-04, handles, subject to a minimum bond amount of \$1,000 per plan with respective bond is intended to cover internal plan fiduciaries (trustees) and does	
Is the Plan audited by a CPA? Yes No If no, why is the plan not audited?	
Previous ERISA coverage? Yes No I	f yes, list bond carrier:
Has the applicant experienced any claims in the past five (If yes, give specific details on each incident and any chan	e years? Yes No
Premium payments for this new bond: 1 year	3 year
COMPLETE THE FOLLOWING FOR What %, if any, of Plan assets are employer securities	REQUESTS OF \$500,000 AND LARGER
Are Plan accounts reconciled by someone not authorized	
Are two (2) or more signatures required for withdrawals a	
Are separate corporate trust accounts established for the	e Plan assets? Yes \square No \square
If yes, where are the assets held?	
Agent's Code	The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.
Agency	Signature of Officer or Authorized Perrocentative
AddressStreet	Signature of Officer or Authorized Representative
City State Zip	Official Title