

APPLICATION FOR ERISA BOND
Employee Retirement Income Security Act of 1974

Agency: _____

Agent Name: _____ Phone: _____

Name of Plan(s) to be covered: _____

Address: _____

Phone Number: () _____ Fax: () _____

Effective Date of Bond: _____ Amount of Bond: \$ _____

1. Have you sustained any employee dishonesty losses in the last six (6) years?
Yes () No () If "Yes", please explain (attach details on separate sheet)

Plan Officials & Employees (List number for each Classification - include all individuals having access to or controlling the funds)

Trustees _____	Manager _____	Bookkeeper _____
Administrator (Employee) _____	Auditor (Employee) _____	Other (Specify) _____

Name and Address of other NON-Employees (plan administrator/consultant, etc.) acting in an administrative or Fiduciary capacity NOT COVERED

Is the above company to be covered under this ERISA Policy? N/A

Audit and Control Procedures:

3. How frequently are Audits made? _____
4. Are two signatures required on checks or withdrawal orders of the Plan?
Yes () No () If no, who signs? _____
5. Who reconciles the Plan's Bank or Savings & Loan Statement(s)?
_____ How often? _____
6. Does the same person also deposit the funds? Yes () No ()
7. Will securities be subject to joint control by two or more responsible employees? Yes () No ()

Signed this _____ day of _____, 20__.

Signature: _____

Print Name: _____