



ERISA FIDELITY BOND APPLICATION

(Multiemployer Plans ("Taft-Hartley plans"), Multiple Employer Plans & Hi-Cap Non-Standard)

PLAN INFORMATION

Plan Name		Plan Sponsor*	
Plan Type <input type="checkbox"/> Multiemployer Plan <input type="checkbox"/> Multiple Employer Plan <input type="checkbox"/> Hi-Cap or Excess Layer Fidelity			
Nature of Sponsor Business			
Address		City	State Zip Code
Email Address		Bond Amount \$	Effective Date
Prior Carrier	Losses in the past 3 years \$	Total Plan assets at the end of the most recent reporting year \$	
Number of Plan Trustees	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	
Does the Plan utilize the services of outside consultants? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, check all that apply <input type="checkbox"/> 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	
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 principles 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 principles of the sponsor company hold in the plan? _____ g) Does the Trustee, plan sponsor principles, or any related party hold any interest in non-qualified assets outside of their interest in the plan as a participant? <input type="checkbox"/> Yes <input type="checkbox"/> No h) Are non-qualified investments originated and/or managed by a 3rd party manager/custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any of the Plan assets "Employer Securities"?** <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate amount at the end of the most recent reporting year \$		
Does the sponsoring company have a CPA audit that includes the Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	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		
Is countersignature of checks required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, at what limit?	If No, who signs?	
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, explain the reason for higher limits		

* The Plan Sponsor is the organization of business that created and maintains the plan providing retirement or other benefits for its employees. For example, the Plan Sponsor of the ABC Company 401(k) Plan is the ABC Company. In some cases, however, the Plan Sponsor's name may be different than the Plan Name.

** 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."

FRAUD STATEMENTS

NOTICE TO APPLICANTS: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties

ALABAMA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

COLORADO: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

DISTRICT OF COLUMBIA: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

FLORIDA: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

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

LOUISIANA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

MARYLAND: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison".

NEW JERSEY: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PENNSYLVANIA: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

RHODE ISLAND: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

TENNESSEE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

WASHINGTON: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

PUERTO RICO: "Any person who knowingly, and with the intention of defrauding, presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years."

AUTHORIZATION

Applicant Signature: _____

Name (printed): _____

Date: _____



Surety One, Inc.

[SuretyOne.com](https://www.SuretyOne.com)

Underwriting@SuretyOne.com

5 W Hargett St, 4th Floor, Raleigh NC 27601

T: 800 373 2804 F: 919 834 7039

404 Av De La Constitución, #708, San Juan PR 00901

T: 787 333 0222 F: 787 293 9221

6601, Goreway Drive, Unit A, Mississauga, ON L4V 1V6

WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to Underwriting@SuretyOne.com or your assigned underwriter
 - b. Mail the pages to our Raleigh NC address (listed above)
 - c. Fax the pages to 919–834–7039

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to Underwriting@SuretyOne.com or to your assigned underwriter
 - b. Upload the PDF to the form on www.suretyone.com/contact-us

Note: Incomplete applications may result in processing delays.

We can help! Visit us at [SuretyOne.com](https://www.SuretyOne.com), call (800) 373-2804 or email us at Underwriting@SuretyOne.com to discuss your bond needs.