



3715 Northside Pkwy NW
STE 1-315
Atlanta, GA 30327
800-486-8211
404-351-3237 (F)
www.suretygroup.com
info@suretygroup.com

ERISA Bond Application

Bond Information

Bond Type: ERISA Bond Application

Business Information

Exact Name of Plan: _____

Address: _____

Effective Date of Bond: _____ Number of Trustees: _____

Amount (at least 10% of the assets) of Plan: _____

Date Plan Established: _____

Are individuals covered by this plan covered by any other Fidelity Coverage? Yes No

Profession Plan Administrator(s) or Employee(s) Administrator: _____

Audits and Internal Controls

How frequent are the audits? _____ Name of CPA: _____

Are bank accounts reconciled by someone not authorized to deposit or withdrawal? Yes No

Who will the audit be given to? _____

Will countersignatures of the checks be required? Yes No

Will securities be subject to joint control by two or more responsible parties? Yes No

As of the Inception Date of the Bond:

Have there been any dishonestly losses within the past six years? Yes No (If yes, please explain in detail)

Is there prior fidelity coverage to be superseded? Yes No (If yes, provide surety name, date and amount of bond)

Has any ERISA bond carried by the Applicant been declined or cancelled within the last six years? Yes No (if yes, please explain)

Contact Information

Contact Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

E-mail Address: _____

Signature

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 state value of the claim for each such violation.

Signed this _____ day of _____, 20____.

X _____
Signature Title

X _____
Signature Title

X _____
Signature INDEMNITOR

X _____
Signature INDEMNITOR

SIGNATURE INSTRUCTIONS:

1. Sign once with your corporate title next to your signature (i.e., owner, president, managing member, etc.)
2. Sign again with the word "Indemnitior" written in your own handwriting next to your signature.
3. All partners must sign in this way
4. All spouses must also sign in this same manner putting the word "spouse" next to his or her first signature.