

SURETY SPECIALTY GROUP

ERISA BOND APPLICATION

Name of Plan(s) (exact name of Plan(s) to be covered)

Address

Total Plan Assets \$ _____ Amount of Bond \$ _____ # of plan trustees? _____

(Bond Amount must be for at least 10% of the Plan assets.)

Effective Date _____ Annual or 3 Years Ppd. (Circle one) Is Inflation Guard Coverage desired? YES NO

Controls:

1. Is the Plan audited annually by a CPA? (Circle one) YES NO

If yes, name and address of CPA firm

2. If an Independent Administrator services the Plan, do you want coverage on them? (Circle one) YES NO

If yes, name and address of Plan

Administrator

3. Is countersignature required to withdraw from the Plan? (Circle one) YES NO

4. Are bank statements reconciled by someone not authorized to deposit or withdraw? (Circle one) YES NO

READ CAREFULLY AND SIGN

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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.

FRAUD STATEMENT

Notice To New York 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 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."

Notice To Ohio Applicants: "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."

Notice To Kentucky Applicants: "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."

Notice To Pennsylvania 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 insurance act, which is a crime and subjects such person to criminal and civil penalties."

Notice To New Jersey Applicants: "any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Notice To Florida Applicants: "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 in the third degree."

Notice To Colorado Applicants: "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."

Notice To Minnesota Applicants: "a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

Notice To Arkansas Applicants: "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."

Date: _____ By: _____ (Signature) Trustee (Title)

AGENT'S NAME: SURETY SPECIALTY GROUP, INC. , PO BOX 600962 JACKSONVILLE, FL 32260

PHONE: 800-639-4958 / FAX: 904-230-0921 EMAIL: JASON@BONDSSG.COM

01/2002 – ERISA Bond

ERISA FIDELITY COVERAGE RATES

RATES:

<u>COVERAGE</u>	<u>3YR PREPAID PREMIUM</u>
\$20,000	\$150
\$50,000	\$179
\$75,000	\$223
\$100,000	\$250
\$125,000	\$264
\$150,000	\$277
\$175,000	\$290
\$200,000	\$302
\$225,000	\$315
\$250,000	\$326
\$275,000	\$339
\$300,000	\$351
\$325,000	\$363
\$350,000	\$375
\$375,000	\$387
\$400,000	\$399
\$425,000	\$411
\$450,000	\$423
\$475,000	\$435
\$500,000	\$450