



**Application For Employee
Benefit Plans / Pension Trust
E.R.I.S.A.**

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|--|---------------------|--|-----------------|
| Is this bond required because more than 5% of the plan assets are "non-qualifying"? YES NO | | Legal Name of Plan(s): | |
| Previous ERISA Coverage? YES NO, If yes list bond Company: | | | Effective Date: |
| Requested Bond Amount:\$ (amount applies to each fiduciary listed below) | | Total Plan Assets: \$ Premium payments for this bond: 1Yr 2YR | |
| Type of Business: | | | |
| Business Address : | | City: | State: Zip: |
| Mailing Address: | | City: | State: Zip: |
| Number of Trustees: | | | |
| Number of participants: | | | |
| Each fiduciary (trustee to be named (please print): Name: _____ Name: _____ Name: _____ Name: _____ | | | |
| Is this plan audited by a CPA? YES NO | Date of Last Audit: | If not audited why? | |
| Has the applicant experienced any claims in the past six years? YES NO, if yes give details of each incident, and any changes made to prevent a reoccurrence, on a separate sheet. | | | |

Complete The Following For Requests Of \$500,000 and Larger

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| What percent of plan assets are employer securities? _____ % |
| Are plan accounts reconciled by someone not authorized to deposit or withdraw funds? YES NO |
| Are two (2) or more signatures required for withdrawals and larger checks? YES NO |
| Are separate corporate trust account(s) established for the plan assets? YES NO, if yes, where the assets held? |

Indemnity & General Notes: The undersigned applicant and Indemnitors hereby request and apply for a surety bond and authorize ISU Jallad Insurance Services to submit this application on their behalf for approval and agree to the following: a) Authorize the surety bonding company to verify this information at any time, and obtain additional information from any source including personal credit report. b) Agree that if the application is approved to properly sign the Company's specific Indemnity agreement which becomes an integral part of this application and pay the premium due as a condition to issue the bond.

Signed and dated this _____ day of _____, 20_____

By: _____
Signature of Officer or Employer

Print Name and Title