



Easy Binding Instructions for:

ERISA Bond

3 year term

1. Please complete attached application and **sign as indemnitor.**
2. Return the signed application along with a **Check or Credit Card Authorization for:**
 - Limit **\$10,000 to \$100,000** premium **\$333.00**
 - Limit **\$100,001 to \$200,000** premium **\$383.00**
 - Limit **\$200,001 to \$300,000** premium **\$436.00**
 - Limit **\$300,001 to \$400,000** premium **\$493.00**
 - Limit **\$400,001 to \$500,000** premium **\$563.00**
 - **Over \$500,001 Call for premium**

Made to the order of:
Bernard Fleischer & Sons, Inc.
4; "Dtqcf y c{ "Uwkg"3733"
New York, NY 32228/5423

Once we receive completed application and check, we will issue the bond.

If you want the original bond mailed overnight please include **\$30.00**

Bonds are not binding until approved by the company.

Thank you for choosing Bernard Fleischer & Sons, Inc. for your all your bonding needs.

Lqg'Y ctf
Extension 110



ERISA Bond

Is this bond required because more than 5% of the plan assets are "non-qualifying"? Yes No

If yes, please contact our office. Any questions on what constitutes a qualifying and non-qualifying asset should be addressed with your attorney or CPA.

Requested Bond Amount: \$

Effective Date:

Legal Name of Plan(s):

Type of Business:

Business Address:

Street and Number

City

State

Zip

Mailing Address:

Street and Number

City

State

Zip

Total Plan Assets: \$

Number of Trustees:

Number of Participants:

*Coverage provided is commercial blanket fidelity and is limited to trustees of the plan. This bond does not cover independent Plan Administrators.

Is this plan audited by a CPA? Yes No

Date of last audit: _____

If no, why is the plan not audited? _____

Has the applicant experienced any claims in the past five years? Yes No (If yes, give specific details on each incident, and any changes made to prevent a reoccurrence, on a separate sheet.)

Previous ERISA coverage? Yes No

If yes, list bond carrier: _____

COMPLETE THE FOLLOWING FOR REQUESTS OF \$500,000 AND LARGER

What % 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 are the assets held? _____

The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.

Signature of Officer or Employer

Official Title

Agency _____

Address _____

Street

City

State

Zip

Agent's Code _____



BF BOND.
Bernard Fleischer & Sons, Inc.

T 212.566.1881
F 212.566.1615
bfbond.com

29 Broadway, Suite 1511
New York, NY 10006

Signed this _____ day of _____

Note: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. *John Doe, Indemnitor*

We have examples showing five ways to sign an application.

1. Individual or Sole Proprietorship.

Signed this 22nd day of January, 2002

1. X John Doe, Indemnitor

2. X Jane Doe, Indemnitor

3. X _____

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

The individual or sole owner and spouse should sign at the bottom of the application, writing the word "Indemnitor" in their own handwriting after each of their names.

2. Partnership.

Signed this 22nd day of January, 2002

1. X John Doe, Indemnitor

2. X James Doe, Indemnitor

3. X Jane Doe, Indemnitor

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

Each partner and his or her spouse should sign at the bottom of the application, writing the word "Indemnitor" after each of their names.

3. Corporation.

Signed this 22nd day of January, 2002

1. X DOE CORPORATION, INC

2. X John Doe, President

3. X John Doe, Indemnitor

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

An officer should first sign on behalf of the corporation (indicating his/her corporate title) and then sign a second time, writing only the word "Indemnitor" after his/her second signature. Any other owners should also sign, writing only the word "Indemnitor" after their names. In most cases, the owners' spouses also need to sign.

* In most cases, the owners' spouses may also need to sign.

4. Limited Liability Company or Partnership.

Signed this 22nd day of January, 2002

1. X John Doe, Manager

2. X John Doe, Indemnitor

3. X James Doe, Indemnitor

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

An authorized manager, member, or partner should first sign on behalf of the Limited Liability Company or Partnership (indicating his/her company/partnership title) and then sign a second time as a personal indemnitor, writing only the word "Indemnitor" after his/her second signature. All other members/owners/partners should also sign as personal indemnitors, writing only the word "Indemnitor" after their names. In most cases the members'/owners'/partners' spouses also need to sign.

* In most cases, the members'/owners'/partners' spouses may also need to sign.

5. Outside Indemnity (Relatives, Friends).

Signed this 22nd day of January, 2002

1. X John Doe, Indemnitor

2. X Jane Doe, Indemnitor

3. X John Henry, Indemnitor

NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Doe, Indemnitor

When outside indemnity is required, the proposed indemnitors should sign at the bottom of the application below the applicants' signatures and write the word "Indemnitor" after each of their names.

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.



Credit Card Authorization Payment Form

Charge my credit card for the full payment amount \$ _____
Plus a processing fee.

Check here if you want Bond sent overnight, addition fee of **\$30.00**

Card Number _____ Exp. Date _____
 Visa/MasterCard/Amex/Discover

Cardholder name _____

Signature _____

Billing address/Zip _____

Date signed _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. By signing this form I understand and agree that coverage cannot be flat cancelled once my credit card has been charged. All credit card charges are processed through Bernard Fleischer & Sons and my credit card statement will show Bernard Fleischer & Sons as the vendor. **There is a \$15.00 or 5% processing fee, whichever is greater.**