

Application For Fidelity Coverage
For An ERISA Pension or Welfare Plan



AGENCY: _____ ADDRESS: _____

1. Name of Plan(s) - List "Plan" name(s) exactly as reported to the Internal Revenue Service on the Annual Return, Form 5500.

Mailing Address: _____ Zip Code _____

2. Amount of coverage \$ _____

3. Premium to be paid: () 3 years prepaid; () 3 year installments; () Rerate annually

4. Effective date of coverage _____

5. Persons to be covered. ERISA regulations require coverage be obtained on all Fiduciaries of the plan who have custody or control of property of the plan. This generally includes all of the following:

- a. Officers and employees of the plan who handle funds or property of the plan.
- b. Trustees of the plan
- c. Administrators or managers of the plan*
- d. Other fiduciaries who exercise discretionary authority or discretionary control respecting the management or disposition of plan assets; renders any investment advice for a fee or other compensation.

*NOTE, the bond being applied for EXCLUDES all coverage on Administrators or Managers who are acting as independent contractors. If the independent contractor acting as Administrator or Manager is a bank or other financial institution insured by the FDIC or is an insurance company subject to supervision or examination by State authorities they are not required to be bonded. All other Administrators or Managers who are acting as independent contractors must be bonded. This coverage would be separate from the bond being applied for and is normally arranged for by the Independent Contractor. Trustees of the plan should make certain the independent contractor provides them with the appropriate coverage.

Ratable Positions to be covered:	Number
Officers and employees of the plan who handle funds or property of the plan.	_____
Trustees of the plan	_____
Administrators or managers of the plan (excluding those who are acting in the capacity of an independent contractor).	_____
Other fiduciaries - persons who exercise discretionary authority or control respecting the management or disposition of plan assets; renders any investment advice for a fee or other compensation (but not stockbrokers who merely exercise an order to buy or sell).	_____
Total number of positions to be covered.	_____

IF THE BOND AMOUNT BEING REQUESTED IS \$25,000 OR LESS SIMPLY DATE AND SIGN THE APPLICATION AND FORWARD IT TO THE COMPANY. IF IN EXCESS OF \$25,000, PLEASE COMPLETE THE BALANCE OF THE APPLICATION.

6. Audits

a. How frequently are audits made of the plan? _____

b. Name and address of CPA or PA completing the audits of the plan:

- c. Was the work completed on an () Opinion Audit; () Review Examination; or () Compilation basis?
- d. When was the last audit made? _____
- e. What period of time was covered by the audit? _____
- f. Were any discrepancies or internal control practices commented upon by the CPA or PA? () Yes () No; If "Yes", submit a copy of the report containing the comments and also a copy of the Trustees written response to the CPA or PA concerning the comments.

7. Internal Controls for plan assets

- a. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? () Yes () No; How often? _____
- b. Will countersignature of checks be required? () Yes () No
- c. Who will sign the checks? _____
- d. Will joint control be exercised over investment decisions and orders for disbursement of funds from the plan? () Yes () No
- e. Are securities subject to joint control? () Yes () No

8. General Information

- a. Have you sustained any dishonesty losses in the last six years? () Yes () No. If "Yes", please briefly describe each loss giving the date of loss, the amount and the corrective measures taken. Please submit on a separate sheet.
- b. Do you employ the services of:
 - 1) An independent administrator or manager? () Yes () No
 - 2) A financial advisor? () Yes () No
 - 3) An investment counselor? () Yes () No
 - 4) An attorney or CPA who advises you on the investments or disbursements of plan funds? () Yes () No
 If "Yes" to any of the above, describe the duties of each and the controls exercised over each.

The officers, employees, trustees and other fiduciaries of the plan(s) have all, the best of the applicant's knowledge and belief, while in the service of the Applicant, always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgement of the Applicant indicates that any of the said officers, employees, trustees or other fiduciaries are dishonest. Such knowledge as any officer or trustee signing for the Applicant may now have in respect to their own personal acts or conduct, unknown to the Applicant, is not imputable to the Applicant.

It is understood that the first premium upon the Bond applied for, and subsequent premiums thereon, are due at the beginning of each premium period, that ALLIED Mutual Insurance Company is entitled to additional premiums because of any unusual increase in the number of persons covered by said bond and that the Applicant agrees to pay all such premiums promptly.

Dated at _____ on _____, 19_____.

 (Applicant)

By: _____
 (Title)