

**BondsExpress**  
 Ralf Rigo Agency  
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 NY 13206  
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## ERISA BOND APPLICATION

Plan Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Trustees: \_\_\_\_\_ Asset Value of Plan: \$ \_\_\_\_\_

Bond Amount (10% of Plan Assets): \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

Any Dishonesty Losses in the past (5) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," please explain: \_\_\_\_\_

IF THE BOND AMOUNT IS OVER \$100,000, PLEASE COMPLETE AND SIGN.

Are the assets of the Plan audited annually by a CPA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are all securities and other assets under dual control of two or more Trustees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company, or any other person, files an application for insurance containing any false information or conceals for the purpose of misleading, concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

### ERISA RATES

Bond Amount	1 Year Prepaid	3 Year Prepaid
\$25,000	\$100	\$131
\$50,000	\$100	\$180
\$100,000	\$100	\$250
\$250,000	\$109	\$327
\$500,000	\$150	\$450

Trustee's Name:

SS#:

Net Worth: