

Western Surety Company

APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND

Non-Union Plans Only Qualifying Assets Only

Requested Bond Amount: \$	equested Bond Amount: \$ Effective Date:				
(Amount applies to <u>each</u> fiduciary listed below)					
Is this bond required because more than 5% of the lf yes, please contact our office.	e Plan assets are "no	on-qualifying"?	Yes	No	
Legal Name of Plan(s):					
Type of Business:					
Business Address:					
Mailing Address:					
Total Plan Assets: \$ Number o	f Trustees:	Number of Parti	cipants:		
Each fiduciary (trustee) to be named (please print):					
Name					
Name					
Name					
Is the Plan audited by a CPA?YesYes					
Previous ERISA coverage?YesN	No If yes, list bond ca	arrier:			
Has applicant experienced any claims in the past five (If yes, give specific details on each incident, and ar			parate sheet.)		
Premium payments for this new bond:	ond 🗌 3 year bon	d			
COMPLETE THE FOLLOWING FO	OR REQUESTS O	F \$500.000 AND	LARGER		
What % of Plan assets are employer securities?		, , , , , , , , , , , , , , , , , , , 			
Are Plan accounts reconciled by someone not author		lraw funds?	_Yes	_ No	
Are two (2) or more signatures required for withdrawa	als and larger checks?	Yes	No		
Are separate corporate trust account(s) established for	or the Plan assets?	Yes	No		
If yes, where are the assets held?					
AgencyAddress	statement of curren	grees the above represo t information and procedu nd Provisions, and endorse e entire contract.	res. This application	on, with	
Street City State Zip	Signature of Officer	or Employer			
Agent's Code	Official Title				