

**FIDELITY BOND  
PROFIT SHARING AND PENSION PLAN APPLICATION  
(as required by ERISA)**

Application is hereby made by \_\_\_\_\_  
(exact name of plan)

of \_\_\_\_\_ (herein called the Applicant)  
(street, city, state)

for a Combination Crime Policy - Coverage Form A , Name Schedule Bond , or Position Schedule Bond , to become effective or to be continued as of noon on \_\_\_\_\_ in the amount of \_\_\_\_\_

(which is at least 10% of the assets in the Plan) Payable  Annual  3-year Prepaid

Nature of business of firm whose employees are covered by plan \_\_\_\_\_

How many trustees of plan: \_\_\_\_\_ Date Plan Established \_\_\_\_\_

Name of Professional Plan Administrator(s) or Employee(s) Administrator: \_\_\_\_\_

Are individuals covered by this bond covered by any other Fidelity coverage? \_\_\_\_\_

**AUDITS & INTERNAL CONTROLS:**

How frequent are the audits and by whom? \_\_\_\_\_  
(Independent CPA- Public Accountant or Auditor - Staff CPA- Staff Public Accountant or equivalent - Others)

Are Bank Accounts reconciled by someone not authorized to deposit or withdraw? \_\_\_\_\_

Who will the audit be given to? \_\_\_\_\_

Will countersignature of checks be required? \_\_\_\_\_

Will securities be subject to joint control by two or more responsible employees? \_\_\_\_\_

What percentage of the plan's assets are qualified assets? \_\_\_\_\_

What percentage of the plan's assets are non-qualified assets? \_\_\_\_\_

**AS OF THE INCEPTION DATE OF THE BOND:**

Have there been any dishonesty losses within the past six (6) years? \_\_\_\_\_ If so, give particulars (date, amount, corrective measures taken, etc.) \_\_\_\_\_

Is there prior fidelity coverage to be superseded? \_\_\_\_\_ If yes, give name of Surety, effective date of bond, bond number, amount, and type of bond: \_\_\_\_\_

Has any ERISA bond carried by the Applicant been declined or canceled within the last six (6) years by any insurer? \_\_\_\_\_

If answered affirmatively, explain: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION STATE ON NY ONLY

\_\_\_\_\_  
\_\_\_\_\_  
(Title)

**Reset**