

APPLICANT INFORMATION

NAME OF PLAN: (AS IT IS TO APPEAR ON BOND)

ADDRESS: (STREET, CITY, STATE, ZIP)

1)	IS THE PLAN SERVICED BY AN INDEPENDENT ADMINISTRATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	(PLEASE NOTE, INDEPENDENT ADMINISTRATORS WILL NOT BE COVERED UNDER THE BOND)
	IF YES, NAME OF ADMINISTRATOR:	
	ADDRESS: (STREET, CITY, STATE, ZIP)	
2)	HOW MANY TRUSTEES ARE THERE FOR THE PLAN?	
3)	HAS THE PLAN EVER HAD ANY CLAIMS AGAINST ANY PRIOR ERISA BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4)	DOES THE PLAN CONTAIN ANY NON-QUALIFYING ASSETS? (IF YES, PLEASE CONTACT YOUR FBS UNDERWRITER.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
5)	DOES THE PLAN CONTAIN EMPLOYER SECURITIES? (IF YES, PLEASE CONTACT YOUR FBS UNDERWRITER.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
6)	BOND AMOUNT: (NOTE: BOND AMOUNT MUST BE NO LESS THAN 10% OF PLAN AMOUNT)	
7)	EFFECTIVE DATE:	
8)	TOTAL PLAN ASSETS:	

Please Note: All ERISA bonds are written for a three (3) year term.

READ CAREFULLY AND SIGN

I/WE, THE UNDERSIGNED, DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. I/WE AGREE TO PAY ALL PREMIUMS AS THEY BECOME DUE.

SIGNED AND DATED THIS _____ OF _____, _____.

SIGNATURE OF APPLICANT: TITLE <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> PARTNER <input type="checkbox"/> PRESIDENT	SIGNATURE OF APPLICANT: TITLE <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> PARTNER <input type="checkbox"/> PRESIDENT
X	X
PRINT NAME:	PRINT NAME:
PHONE #: ()	PHONE #: ()

PRODUCER # OR NAME:	SURETY:	BOND#:
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