SOUTH DAKOTA **ERISA**

Bond Application

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? (PLEASE NOTE, INDEPENDENT ADMINISTRATORS WILL NOT BE COVERED UNDER THE BOND) ☐YES ☐NO
	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? ☐YES ☐NO
4)	DOES THE PLAN CONTAIN ANY NON-QUALIFYING ASSETS? (IF YES, PLEASE CONTACT YOUR FBS UNDERWRITER.) ☐YES ☐NO
5)	DOES THE PLAN CONTAIN EMPLOYER SECURITIES? (IF YES, PLEASE CONTACT YOUR FBS UNDERWRITER.) ☐YES ☐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 ☐PROPRIETOR ☐PARTNER ☐PRESIDENT **X**	SIGNATURE OF APPLICANT: TITLE ☐PROPRIETOR ☐PARTNER ☐PRESIDENT **X**
PRINT NAME:	PRINT NAME:
PHONE #: ( )	PHONE #: ( )

PRODUCER # OR NAME:	SURETY:	BOND#: