

**CNA SURETY** Northeast Agencies National Bond Program (31-21688)  
**An Allstate Commercial Expanded Market Program**

**APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND**  
*Qualifying Assets Only*

Effective Date: \_\_\_\_\_

Legal Name of the Plan(s) (i.e ABC Company 401k Plan, Pension Plan, etc.): \_\_\_\_\_

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

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

Total Plan Assets: \$ \_\_\_\_\_ Number of Participants: \_\_\_\_\_

**Is this bond required because more than 5% of the Plan assets are "non-qualifying"?** Yes  No

Any questions on what constitutes a qualifying vs. non-qualifying asset should be addressed with an attorney or CPA.

Name of each fiduciary/trustee to be named and amount of coverage per trustee\* (please print):

Name: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Name: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Name: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Name: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

\* Per the U.S. Department of Labor Field Assistance Bulletin No. 2008-04, "A plan official must be bonded for at least 10% of the amount of funds he or she handles, subject to a minimum bond amount of \$1,000 per plan with respect to which the plan official has handling functions."  
 This bond is intended to cover internal plan fiduciaries (trustees) and does not cover independent Plan Administrators or external Plan Officials.

Is the Plan audited by a CPA? Yes  No  Date of last audit: \_\_\_\_\_  
 If no, why is the plan not audited? \_\_\_\_\_

Previous ERISA coverage? Yes  No  If yes, list bond carrier: \_\_\_\_\_

Has the applicant experienced any claims in the past five years? Yes  No   
 (If yes, give specific details on each incident and any changes made to prevent a reoccurrence on a separate sheet.)

Premium payments for this new bond: 1 year  3 year

**COMPLETE THE FOLLOWING FOR REQUESTS OF \$500,000 AND LARGER**

What %, if any, of Plan assets are **employer securities**? \_\_\_\_\_ %

Are Plan accounts reconciled by someone not authorized to deposit or withdraw funds? Yes  No

Are two (2) or more signatures required for withdrawals and larger checks? Yes  No

Are separate corporate trust accounts established for the Plan assets? Yes  No

If yes, where are the assets held? \_\_\_\_\_

Allstate Agent Information	
Name	_____
Address	_____
City	State Zip
Phone Number	_____
Agent's Code	_____

The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.

Signature of Officer or Authorized Representative

Official Title

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

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