

**Application For Employee
Benefit Plans / Pension Trust
E.R.I.S.A.**



1353 Palmetto Ave., Suite 100
Winter Park, FL 32789;
Toll Free (888) 848-1787; P: (321) 972- 4863
f: 407.628.1671; e: info@lsjins.com
www.lsjins.com

Is this bond required because more than 5% of the plan assets are "non-qualifying"? YES NO		Legal Name of Plan(s):	
Previous ERISA Coverage? YES NO, If yes list bond Company:			Effective Date:
Requested Bond Amount:\$ (amount applies to each fiduciary listed below)		Total Plan Assets: \$ Premium payments for this bond: 1Yr 2YR	
Type of Business:			
Business Address :		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Number of Trustees:			
Number of participants:			
Each fiduciary (trustee to be named (please print): Name: _____ Name: _____ Name: _____ Name: _____			
Is this plan audited by a CPA? YES NO	Date of Last Audit:	If not audited why?	
Has the applicant experienced any claims in the past six years? YES NO, if yes give details of each incident, and any changes made to prevent a reoccurrence, on a separate sheet.			

Complete The Following For Requests Of \$500,000 and Larger

What percent 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 account(s) established for the plan assets? YES NO, if yes, where the assets held?

NOTE: The applicant hereby request and apply for a bond and authorize LSJ Insurance Agency to submit this application on their behalf for approval and agree to properly sign the Company's specific application prior to issuance of the bond which becomes an integral part of this application, and pay the premium due as a condition to issue the bond. 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.

Signed and dated this _____ day of _____, 20_____

By: _____
Signature of Officer or Employer

Print Name and Title