

Application

FIDUCIARY DISHONESTY BOND (FIDELITY BOND)

FL- 163 FID DISH BOND



1. APPLICANT'S NAME ("EMPLOYER"): _____

ADDRESS: _____

2. NAME OF WELFARE/PENSION PLAN(S): _____

DATE ESTABLISHED: _____

3. NAME OF PLAN ADMINISTRATOR(S) AND TRUSTEES: _____

ADDRESS: _____

4. NUMBER OF EMPLOYEES HANDLING, ADMINISTERING OR CONTROLLING ASSETS: _____

NUMBER OF PLAN(S) EMPLOYEES OTHER THAN ABOVE: _____

5. AMOUNT OF BOND REQUIRED: \$ _____

6. TOTAL PLAN ASSETS: _____

7. INTERNAL CONTROLS:

A. DO YOU HAVE A CPA AUDIT, AT LEAST ANNUALLY, MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED?

YES [] NO []

B. ARE BANK ACCOUNTS RECONCILED MONTHLY BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW THEREFROM? YES [] NO []

C. IS COUNTERSIGNATURE OF CHECKS REQUIRED? YES [] NO []

D. ARE INCOMING CHECKS IMMEDIATELY STAMPED "FOR DEPOSIT ONLY" TO THE CREDIT OF APPLICANT? YES [] NO []

If "NO" to any, please explain in detail in separate paper.

8. DOES THE PLAN(S) HAVE ANY SECURITIES? YES [] NO []

IS JOINT CONTROL EXERCISED? YES [] NO []

WHERE ARE SECURITIES KEPT? _____

9. LOSS EXPERIENCE: _____

10. HAS ANY INSURER DECLINED OR CANCELLED YOUR BOND DURING LAST FIVE (5) YEARS? YES [] NO []

If "YES", please give details: _____

THE UNDERSIGNED HEREBY AFFIRMS THAT THE INFORMATION RENDERED HEREIN IS CORRECT, TRUE AND COMPLETE.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT'S NAME (EMPLOYER): _____

BY: _____ SIGNATURE: _____

DATE: _____

PLEASE INCLUDE WITH APPLICATION LATEST CORPORATE FINANCIAL STATEMENTS PLUS PENSION TRUST FINANCIAL STATEMENT.