



Surety *b*ond *a*ssociates

ERISA BOND APPLICATION

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|---|--|--|---------------------|
| BOND INFORMATION | | Legal Name(s) of Plan(s) (Must be exactly as it is to appear on bond) | |
| Address | | City | State Zip Code |
| Name of Sponsor Organization (Principal) | | Total number of Trustees, Fiduciaries or Employees who handle funds or other property of the Plan. <input type="text"/> | |
| Has the Plan sustained any dishonesty losses in the last six years? (If Yes, please describe circumstances, dates, and actions taken on a separate sheet) Yes No | | Current Carrier | |
| Effective Date ____/____/____ | Asset Value of Plan \$ | | |
| INTERNAL CONTROLS | Plan audited annually by a CPA? Yes No | Has any prior audit identified deficiencies or irregularities that remain uncorrected? (If Yes, Please attach letter that explains the nature of the deficiencies/irregularities and when corrective action will be taken. Also provide the name and phone number of the CPA.) Yes No | |
| Does the Plan employ an independent administrator or financial adviser? Yes No | Is countersignature required If No, is there a voucher or other system in effect to withdraw funds from the Plan? to prevent the unauthorized issuance of checks? Yes No | | |
| Are bank statements reconciled monthly? Yes No | Does the person who reconciles the bank statements also deposit the funds? Yes No | | |
| Please attach most recent copy of IRS Form 5500-C/R if bond amount is \$250,000 or higher. | | | |