

INSTRUCTIONS FOR SUBMITTAL

1. Complete the attached application.
2. Use the “Save Completed File” button on the last page to save a copy of your completed application to your computer.
3. Send completed application(s) in encrypted email to CapSpecialty at:

wisbarbonds@capspecialty.com.

If necessary, the completed applications can be faxed or mailed to CapSpecialty’s attention below:

Attn: Surety Dept. (13/31)

PO Box 5900

Madison, WI 53705-0900

Facsimile Number: 608-829-7413

Additional Notes:

- Coverage will be underwritten by the carrier and a quote offered directly to the attorney / firm. To Accept the quotes, the attorney / firm responds directly back to the carrier for the issuance of the Coverage.
- Billing: CapSpecialty will invoice the attorney / firm directly.
- Questions? Contact the CapSpecialty Primary Contact:

Scott Donovan

513-368-8197

sdonovan@capspecialty.com

FREEDOM TO MOVE FORWARD

800.272.2443 | m3ins.com





ERISA BOND APPLICATION

Name of Plan(s) (exact name of Plan(s) to be covered) _____

Address _____

City _____ State _____ Zip _____ Phone Number (_____) _____ - _____

1. Is the Plan audited annually by a CPA? YES NO

If yes, provide name of the CPA firm _____

Address _____ City _____ State _____ Zip _____

2. Does an Independent Administrator service the Plan? YES NO

If yes, provide name of Administrator _____

Address _____ City _____ State _____ Zip _____

Please note Independent Administrators will not be covered under Bond unless you contact your Branch Office.

3. How many trustees are there for the Plan? _____

4. Are two signatures required to withdraw from the Plan? YES NO (If no, submit to your Branch Office for underwriting)

5. Who reconciles Plan's bank statement? _____

6. Who deposits funds in Plan's accounts? _____

(If the same name is listed in both questions 5 and 6, submit application to your Branch Office for underwriting)

Amount of Bond \$ _____

Qualified Plan Assets \$ _____ *Bond amount must be for at least 10% of Qualified Plan Assets. Maximum Bond limit is \$500,000.*

Non-Qualified Plan Assets \$ _____ *Bond amount must be for 100% of the Non-Qualified Plan Assets.*

Premium Basis 1 Year prepaid 3 Year Prepaid Proposed Effective Date _____

Is Inflation Guard Coverage desired? YES NO

Please call the Branch Office for Authorization on Bonds over \$100,000.

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV)

APPLICABLE IN: AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at: _____ Insured: _____

This ____ Day of _____, _____ By: _____
(Signature) (Title)

(Print Name)

SUBMITTING AGENCY'S INFORMATION

Contact Name: _____ Phone Number: _____

Mailing Address: _____