



ERISA Fidelity Bond  
Order Sheet / Application

Agency: \_\_\_\_\_ Agency Code: \_\_\_\_\_

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

Name of Sponsor: \_\_\_\_\_

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

Coverage Limits & Premiums (check one):

	<u>Amount of Coverage</u>	<u>3 Year Prepaid Premium Includes ERISA Inflation Guard*</u>
<input type="checkbox"/>	\$25,000	\$128
<input type="checkbox"/>	\$50,000	\$180
<input type="checkbox"/>	\$75,000	\$225
<input type="checkbox"/>	\$100,000	\$257
<input type="checkbox"/>	\$150,000	\$288
<input type="checkbox"/>	\$200,000	\$319
<input type="checkbox"/>	\$250,000	\$348
<input type="checkbox"/>	\$300,000	\$379
<input type="checkbox"/>	\$350,000	\$408
<input type="checkbox"/>	\$400,000	\$436
<input type="checkbox"/>	\$450,000	\$467
<input type="checkbox"/>	\$500,000	\$450 * without Inflation Guard
<input type="checkbox"/>	\$500,000	\$496 * with Inflation Guard

\*Note: We are automatically including our ERISA Inflation Guard feature at a 10% surcharge. The 10% surcharge will also be assessed each consecutive renewal term. This feature automatically: **1) provides a limit of liability equal to that required by ERISA, provided your client purchases the required limit of liability at the policy's inception; 2) eliminates the need for your clients to monitor their bond limit in relationship to the ERISA requirement and 3) eliminates the need to request increases in their bond limit.** Your clients can rest assured that they will always be in compliance with ERISA requirements. The Employee Retirement Income Security Act of 1974 (ERISA) requires the bond amount to be 10% of the funds handled, with a maximum bond amount of \$500,000 per plan. The above rates are based on 5 or less trustees/fiduciaries and no losses, and are not applicable to Union or Taft-Hartley plans. For plans with more trustees or losses, or Union plans, please contact a Bond Underwriter.

Total Plan Assets – for all Plans: \_\_\_\_\_

Number of Plan Trustees/Fiduciaries: \_\_\_\_\_ Total Participants: \_\_\_\_\_

Loss History, if applicable: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Agent or Insured)

**FOR IMMEDIATE ISSUANCE, FAX TO: (925) 945-4423**  
Attention: Martha Ortega

Does the account carry Fiduciary Liability coverage? Please contact your Executive Liability representative to discuss this important coverage for employee benefit plans.