



**ERISA Compliance Bond Application**  
**Non-Union Welfare & Pension Plans**

**Agency Information**

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
 Producer Name: \_\_\_\_\_ Agency Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Sponsor Information**

Name of Plan Sponsor (*Business Name*): \_\_\_\_\_  
 Sponsor Address (*Street, City, State, Zip*): \_\_\_\_\_

Policy Effective Date (*within 30 days of today*): \_\_\_\_\_

Billing Method:  Agency Bill **or**  Direct Bill Sponsor Phone #: \_\_\_\_\_  
 (Required for Direct Bill)

1. Do any of the plans contain Non-Qualifying Assets?.....  Yes  No  
 (If yes, the insured is not eligible for coverage under this policy. Please contact your Bond Express underwriter.)
2. Do any of the plans contain Employer Securities?.....  Yes  No  
 (If yes, please forward details of the plan assets to your Bond Express underwriter.)
3. Have any of the plans incurred losses due to Fidelity claim(s)?.....  Yes  No  
 (If yes, please forward details of the loss to your Bond Express underwriter.)

**Bond Limit**

Complete the worksheet below to determine your required limit.

Total Assets of Plan #1: \_\_\_\_\_ x .10 = \_\_\_\_\_ Bond Limit Plan #1 (*not to exceed \$500,000*) \*\*  
 + Total Assets of Plan #2: \_\_\_\_\_ x .10 = \_\_\_\_\_ Bond Limit Plan #2 (*not to exceed \$500,000*) \*\*  
 + Total Assets of Plan #3: \_\_\_\_\_ x .10 = \_\_\_\_\_ Bond Limit Plan #3 (*not to exceed \$500,000*) \*\*  
 = Limit Required: \_\_\_\_\_ should equal the sum of the Bond Limits above (*Plan #1 + Plan #2 + Plan #3, etc.*)

**Coverage Limits & Premiums (Includes Inflation Guard)**

\*Please note that for this added protection, a 10% surcharge will be applied to our ERISA bond premiums at renewal.

Bond Limit	3-Yr Prepaid Premium	Bond Limit	3-Yr Prepaid Premium	Bond Limit	3-Yr Prepaid Premium	Bond Limit	3-Yr Prepaid Premium
\$10,000	\$111	\$100,000	\$257	\$190,000	\$314	\$325,000	\$393
\$20,000	\$114	\$110,000	\$262	\$200,000	\$319	\$350,000	\$408
\$30,000	\$137	\$120,000	\$271	\$210,000	\$325	\$375,000	\$425
\$40,000	\$157	\$130,000	\$276	\$220,000	\$331	\$400,000	\$436
\$50,000	\$180	\$140,000	\$282	\$230,000	\$336	\$425,000	\$450
\$60,000	\$197	\$150,000	\$288	\$240,000	\$342	\$450,000	\$467
\$70,000	\$217	\$160,000	\$294	\$250,000	\$348	\$475,000	\$482
\$80,000	\$231	\$170,000	\$302	\$275,000	\$365	\$500,000**	\$496
\$90,000	\$245	\$180,000	\$308	\$300,000	\$379		

\*Note: The Travelers ERISA Compliance Bond automatically insures all ERISA Plans of the Sponsor. The Employee Retirement Income Security Act of 1974 (ERISA) requires a Plan Fidelity Bond to equal 10% of the funds handled by a Trustee/Fiduciary, with a maximum Bond Limit of \$500,000 per Plan\*\*. The Limit of Liability for the Bond should equal the sum of the required ERISA Bond amount for each plan. The Travelers ERISA Compliance Bond contains a unique *Inflation Guard* feature. This feature automatically provides a bond amount, per Plan, equal to that required by ERISA, provided the Sponsor/Plan purchases an amount at least equal to the required ERISA bond amount at the Bond inception date. These rates are based on: 20% commission rate, 5 or fewer Trustees, and no Fidelity losses in the past 3 years. Our underwriting criteria requires use of the Travelers ERISA Compliance Bond Form. Coverage is available for Non-Union Plans containing no Non-Qualified Assets, Designated Agents, or Additional Named Insured coverage. **If applicant does not meet these criteria, please contact your Bond Express underwriter.**

\*\*ERISA may require the limit to exceed \$500,000 if a plan holds non-qualifying assets, employer securities, or multiple plans for one sponsor. Limits above \$500,000 are available for these sponsors, but require prior Company approval.

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

**FRAUD STATEMENTS – Attention Insureds in the following states:**

**Arkansas, D.C., Louisiana, Maryland, New Mexico, and Rhode Island:** Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** 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.

**Florida:** 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.

**Kentucky, New Jersey, New York, Ohio, and Pennsylvania:** 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**Maine, Tennessee, Virginia, and Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Applicant Signature:		Date:
Producer Signature:	State Producer License No. (required in FL)	Date:

Please complete and fax toll-free to: (866) 785-2463 or email to: [BondExpressERISA@travelers.com](mailto:BondExpressERISA@travelers.com)

# How to Complete the ERISA Compliance Bond Application

1. **Agency Name.** List the agency name that will service the policy/bond.
2. **Agency Code.** Indicate the Travelers agency code under which the policy/bond will be issued.
3. **Agency Contact Information.** List the producer name and agency contact (CSR) including telephone, fax, and email.

4. **Name of Plan Sponsor.** Provide the complete business name of the entity which serves as the sponsor of the ERISA benefit plans which are to be insured. Note: The named insured includes the individual plan(s), not the sponsoring entity. Refer to the description of insured plan(s) in Item 2 of the declarations.

5. **Sponsor Address.** Provide the complete physical location mailing address.
6. **Policy Effective Date.** Indicate the inception date of coverage, which must be within 30 days of today's date.

7. **Billing Method.** Select either Agency Bill or Direct Bill. If Direct Bill is chosen, a sponsor's telephone number is required.

8. **Non-Qualifying Assets.** Indicate if any of the plan assets are designated as "non-qualifying" (e.g. jewelry, artwork, collectibles, mortgages, real estate).

9. **Employer Securities.** Indicate if any of the plan assets contain employer securities (i.e. employee stock option plans issued by the employer).

10. **Loss History.** Indicate if any of the plans have reported or paid employee dishonesty or fraud losses.

11. **Bond Limit.** List the total assets of each plan and multiply by .10 to determine the bond limit per plan. If there is more than one plan, .10 of the total assets of each plan would be added together to reach the total bond limit required. Note: limits in excess of \$500,000 are available for plans that meet eligibility requirements.

12. **Coverage Limits & Premiums.** Once the total bond limit has been determined, reference the chart for the corresponding three-year prepaid premium which includes Inflation Guard coverage. The total premium due is billed in the first year with no additional premium required for the second and third years. The renewal premium will include a 10 percent surcharge for Inflation Guard.

13. **Inflation Guard.** Automatically provides a limit of liability, adjusted at the plan's fiscal anniversary date, equal to the limit of liability required by ERISA, provided the plan sponsor purchases the required limit of liability at the policy's inception. See coverage language for details.

14. **Signature/Date.** An authorized representative (i.e. agent or insured) must sign and date the application. Note: Producer signature is required if the plan sponsor is located in New Hampshire, and the producer license number is required if the plan sponsor is located in Florida.

Travelers issues policies through licensed and appointed agencies only.

**TRAVELERS** **ERISA Compliance Bond Application**  
Non-Union Welfare & Pension Plans

**Agency Information**

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Producer Name: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Sponsor Information**

Name of Plan Sponsor (Business Name): \_\_\_\_\_

Sponsor Address (Street, City, State, Zip): \_\_\_\_\_

Policy Effective Date (within 30 days of today): \_\_\_\_\_

Billing Method:  Agency Bill  Direct Bill Sponsor Phone #: \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ State Producer License No. (required in FL) \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and fax toll-free to: (866) 785-2463 or email to: [BondExpressERISA@travelers.com](mailto:BondExpressERISA@travelers.com)

**travelersbond.com**

Travelers Casualty and Surety Company of America and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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