

Bond Express
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ERISA Fidelity Bond Order Form

Agency Name: _____ Agency Code: _____

Producer Name: _____ Agency Contact: _____

Telephone #: _____ Fax #: _____

Agency Contact Email Address: _____

➡ Name of Plan Sponsor (*Business Name*): _____

➡ Sponsor Address: _____

➡ Policy Effective Date: _____

Billing Method: Agency Bill or Direct Bill ➡ Sponsor Telephone #: _____
 (Required for Direct Bill)

➡ **Do any of the plans contain non-qualifying assets?** Yes No (If yes, not eligible for coverage under this policy. Please contact your local Travelers Bond underwriter.)

➡ **Do any of the plans contain employer securities?** Yes No (If yes, please forward details of the plan assets to your Bond Express underwriter.)

Coverage Limits & Premiums: (Includes Inflation Guard) *Please note that for this added protection, a 10% surcharge will be applied to our low 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	\$120,000	\$271	\$230,000	\$336	\$475,000	\$482
\$20,000	\$114	\$130,000	\$276	\$240,000	\$342	\$500,000	\$496
\$30,000	\$137	\$140,000	\$282	\$250,000	\$348	\$550,000**	\$527
\$40,000	\$157	\$150,000	\$288	\$275,000	\$365	\$600,000**	\$556
\$50,000	\$180	\$160,000	\$294	\$300,000	\$379	\$650,000**	\$584
\$60,000	\$197	\$170,000	\$302	\$325,000	\$393	\$700,000**	\$616
\$70,000	\$217	\$180,000	\$308	\$350,000	\$408	\$750,000**	\$644
\$80,000	\$231	\$190,000	\$314	\$375,000	\$425	\$800,000**	\$670
\$90,000	\$245	\$200,000	\$319	\$400,000	\$436	\$850,000**	\$701
\$100,000	\$257	\$210,000	\$325	\$425,000	\$450	\$900,000**	\$730
\$110,000	\$262	\$220,000	\$331	\$450,000	\$467	\$950,000**	\$758
						\$1,000,000**	\$789

➡ **Bond Limit Worksheet:**
 Total Assets of Plan A: _____ x .10 = _____ Bond Limit Plan A (*not to exceed \$500,000*) **
 + Total Assets of Plan B: _____ x .10 = _____ Bond Limit Plan B (*not to exceed \$500,000*) **
 + Total Assets of Plan C: _____ x .10 = _____ Bond Limit Plan C (*not to exceed \$500,000*) **
 = Limit Required: _____ should equal the sum of the Bond Limits above (*Plan A + Plan B + Plan C, etc.*)

➡ **Limit Requested:** _____

➡ **Loss History**, if applicable: _____

*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 losses. 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 your 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 or employer securities. Limits above \$500,000 are available for these plans.

Signature: _____ SIGN HERE Date: _____
 (Agent or Insured)