

## ERISA Application

Thank you for giving Integrity Bonds, the opportunity to assist you with your bonding needs. We may ask for additional information or clarification of certain aspects of your company during the underwriting process.

Name of Plan(s) (Exact name of Plan(s) to be covered): \_\_\_\_\_

Address \_\_\_\_\_

Total Plan Assets \$ \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_ # of Plan Trustees? \_\_\_\_\_

*(Bond Amount must be for at least 10% of the Plan assets.)*

Effective Date: \_\_\_\_\_ Annual or 3 years ppd. (Circle one) Is inflation Guard coverage desired? Yes / No

**Controls:**

1. Is the Plan Audited annually by a CPA? (Circle One) Yes / No

If yes, Name and address of CPA firm \_\_\_\_\_

2. If an independent Administrator services the plan, do you want coverage on them? (Circle One) Yes / No

If yes what is the name and address of the Plan Administrator \_\_\_\_\_

3. Is Countersignature required to withdraw from the plan? (Circle One) Yes / No

4. Are bank statements reconciled by someone not authorized to deposit or withdraw? (Circle One) Yes / No

### READ CAREFULLY AND SIGN

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

**FRAUD STATEMENT**

**Notice to New York Applicants** "Any person who knowingly and with intent to defraud any insurance company or other person files and applying for insurance or state of claim containing any materially false information, or conceals for the purpose of subject to a civil penalty not to exceed five thousand dollars and the state value of the claim of each such violation."

**Notice to Ohio Applicants:** "ant person who knowingly and with intent to defraud or knowing that he is facilitating a fraud against an insurer submits and application or files a claim containing a false or deceptive state is guilty or insurance fraud.

**Notice to Kentucky applications:** "Any person who knowing and with intent to defraud an in 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.

**Notice to Pennsylvania applicants:** "any person who knowingly and with intent to defraud any insurance company or other person files and 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."

**Notice to New Jersey Applications:** "any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties"

**Notice to Florida Application** "Any person who knowingly and with intent to injure, defraud , or deceives any insurer files a statement of claim or an application containing any false, incomplete or misleading information s guilty or a felony in the third degree"

**Notice to Colorado Applications** "it is unlawful to knowingly provide false, incomplete, Or misleading fact to information to and 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 knowing provides false incomplete or misleading fact or information to a policy holder or claimant for the purpose f defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable form insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

**Notice to Minnesota Application:** a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty or a crime."

**Notice to Arkansas Applicants** "any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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

By: \_\_\_\_\_

(Signature) Trustee

Printed Name & Title: \_\_\_\_\_