



- GREAT AMERICAN INSURANCE COMPANY
- AMERICAN NATIONAL FIRE INSURANCE COMPANY

Bond Number: _____

Producer: Surety Placement

**FIDELITY BOND
PROFIT SHARING AND PENSION PLAN APPLICATION
(as required by ERISA)**

Application is hereby made by _____
(exact name of plan)

of _____ (herein called the Applicant)
(street, city, state)

for a Combination Crime Policy - Coverage Form A , Name Schedule Bond , or Position Schedule Bond , to become effective or to be continued as of noon on _____ in the amount of _____

(which is at least 10% of the assets in the Plan) Payable Annual 3-year Prepaid

Nature of business of firm whose employees are covered by plan _____

How many trustees of plan: _____ Date Plan Established _____

Name of Professional Plan Administrator(s) or Employee(s) Administrator: _____

Are individuals covered by this bond covered by any other Fidelity coverage? _____

AUDITS & INTERNAL CONTROLS:

How frequent are the audits and by whom? _____
(Independent CPA- Public Accountant or Auditor - Staff CPA- Staff Public Accountant or equivalent - Others)

Are Bank Accounts reconciled by someone not authorized to deposit or withdraw? _____

Who will the audit be given to? _____

Will countersignature of checks be required? _____

Will securities be subject to joint control by two or more responsible employees? _____

AS OF THE INCEPTION DATE OF THE BOND:

Have there been any dishonesty losses within the past six (6) years? _____ If so, give particulars (date, amount, corrective measures taken, etc.) _____

Is there prior fidelity coverage to be superseded? _____ If yes, give name of Surety, effective date of bond, bond number, amount, and type of bond: _____

Has any ERISA bond carried by the Applicant been declined or canceled within the last six (6) years by any insurer? _____

If answered affirmatively, explain: _____

Dated at _____ this _____ day of _____, _____

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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION STATE ON NY ONLY

(Title)