

AP Surety ERISA BOND APPLICATION

Name of Business

Address

Email Address & Phone No.

Full Legal Name of
Retirement Plan

Effective Date of Bond

Current Amount of Plan Assets

\$ _____

Bond Amount Desired

\$ _____

No. of Plan Trustees

Does this Plan cover Union Funds and/or Multi-Employer Funds? _____

Has the Plan suffered and dishonesty losses? _____

Does this Plan contain any non-qualifying
assets and/or ESOP - Employer Securities
as defined by ERISA? _____

Please return application to:

Lisa Eubanks - Accounts H-N - lisa.eubanks@assuredpartners.com

Barb Olson - Accounts O-Z - barb.olson@assuredpartners.com

Lin Ulven - Accounts A - G - lin.ulven@assuredpartners.com