## **ALL STATE BONDS**

8811 Westheimer, Suite 207 • Houston, Texas 77063 PH: 800-374-9227 • 713-785-2138 • FAX: 713-785-2711 www.allstatesurety.com

## APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND

Non-Union Plans Only Qualifying Assets Only

Requested Bond Amount: \$(Amount applies to <u>each</u> fiduciary listed below)	Effective Date:
Is this bond required because more than 5% of the Plan assets are "non-qualifying"?  Yes  If yes, please contact our office.	
Legal Name of Plan(s):	
Type of Business:	
Business Address:	
Mailing Address:	
Total Plan Assets: \$ Number of	Trustees: Number of Participants:
Each fiduciary (trustee) to be named (please print):	
Name	
Name	
Name	
Has applicant experienced any claims in the past five y  (If yes, give specific details on each incident, and any  Premium payments for this new bond: 1 year bon	o If yes, list bond carrier:  rears? Yes No changes made to prevent a reoccurrence, on a separate sheet.)  ad 3 year bond  R REQUESTS OF \$500,000 AND LARGER  ed to deposit or withdraw funds? Yes No s and larger checks? Yes No
PAYMENT METHOD:  Check (Make Check Payable to All State Bonds)  Money Order  Credit Card  Master Card Visa Amex Discover  Name on Card: Credit Card No.:	The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.  Signature of Officer or Employer  Official Title
Expiration Date: Amount \$	Bonds Underwritten By
Signature: Your credit card will not be charged until policy is issued.	Western Surety Company

**CNA SURETY**