



Fidelity Bond Profit Sharing and Pension Plan Application (as required by ERISA)

Section 1

Yes No

1. List Exact Names of All Plans to be covered and Asset Values (\$):

Name of Plan	Plan assets	Limit requested

2. Name of Sponsor _____

3. Sole Sponsored Plan(s)? Yes No
 Non-Union Plan(s)? Yes No

4. Mailing Address _____

5. Effective Date of Coverage _____

6. Number of Trustees, Fiduciaries, and Employees who handle funds or property of the Plan(s) _____

7. Number of Participants in the Plan(s) _____

8. Are the assets of the Plan(s) audited at least annually by an independent CPA? Yes No

9. Are the assets of the Plan(s) administered by an independent third party? Yes No

9a. Name and address of administrator _____

10. How does the Sponsor prevent and detect theft of plan assets? _____

11. Has the requested coverage ever been cancelled, declined or non-renewed? Yes No
 If yes, please provide details _____

12. ERISA Dishonesty Losses past 6 years (If yes, attach details) Yes No

Section 2

Yes No

1. Does the Plan hold Employer Securities? Yes No
 If yes, is required bond amount more than \$500,000? Yes No
 (Note: Plans holding Employer Securities will require maximum bond amounts of \$1 million for plan years beginning after December 31, 2007).

Section 3

Yes No

1. Are any of the Plan assets non-qualified? Yes No
 (Note: Non-qualified assets are assets held in limited partnerships, artwork, collectibles, mortgages, real estate or securities of "closely held" companies and are held outside of regulated institutions such as a bank; an insurance company; a registered broker-dealer or other organization authorized to act as trustee for individual retirement accounts under Internal Revenue Code 408).

If yes How much of these assets are the owner's assets? _____ %

2. Indicate the amount of non-qualifying assets at the end of the most recent plan reporting year \$ _____

3. What is the percentage of non-qualifying assets in relation to total plan assets? _____ %

4. Please describe the non-qualifying assets (Attach a separate page if necessary) _____

Section 3 Continued

Yes No

5. Are any non-qualifying assets held in custody by any Fiduciary who is a plan participant?
If yes, please explain _____

6. Are non-qualifying investments originated or managed by a third party administrator or custodian?
If yes, whom _____

NOTICE TO APPLICANTS:

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 conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature _____ **Title** _____ **Date** _____