



**Commercial Fidelity / Forgery Coverage's Application / Business Services Bond / ERISA**

**Name Insured:** \_\_\_\_\_

If ERISA Exact name of Plan(s) to be covered \_\_\_\_\_

**Insured's Address:** \_\_\_\_\_

**Company Legal Formation:** \_\_\_\_\_

**1. Type of Business:** \_\_\_\_\_

**2. Date Established** \_\_\_\_\_

**3. What is the total number of Employees?** \_\_\_\_\_ **Total number of Officers?** \_\_\_\_\_

**How many employees regularly handle money, Securities, or inventory?** \_\_\_\_\_

**How many Locations?** \_\_\_\_\_ List other Location on Reverse Side and advise operation \_\_\_\_\_

**4. Amount of Employee Dishonesty Coverage Desired?** \$ \_\_\_\_\_ **Deductible** \$ \_\_\_\_\_

**5. Amount of Forgery Coverage Desired?** \$ \_\_\_\_\_ **Deductible** \$ \_\_\_\_\_

**6. Effective Date of Coverage requested, if this application is approve?** \_\_\_\_\_

**7. Is Coverage Primary or Excess?** \_\_\_\_\_

**INTERNAL CONTROLS:**

1 Are financials prepared by a CPA or In-house bookkeeper? \_\_\_\_\_

2 If they are prepared by an CPA are they Audit, Review, or Compiled? \_\_\_\_\_

3 Are bank accounts reconciled by someone not authorized to deposit or withdraw there from? If so how often? \_\_\_\_\_

4 Will all check issued by the insured by countersigned? If no who signs the checks? (ERISA Is Countersignature required to withdraw from the plan?) \_\_\_\_\_

**Present Coverage**

5 Do you have current fidelity and forgery coverage? \_\_\_\_\_

**Loss Experience**

6 Have you ever had an employee dishonesty loss in the last three years? Is so please explain. \_\_\_\_\_

**ERISA Questions (if Applicable)**

Number of Plan Trustees \_\_\_\_\_ Total Plan Assets \_\_\_\_\_

Is the ERISA Plan Audited annually by a CPA? \_\_\_\_\_

Name and address of CPA firm \_\_\_\_\_

If an independent Administrator services the plan, do you want coverage on them? \_\_\_\_\_

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

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The insured represents that the information furnished in this application and any supplemental application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any coverage issued on reliance upon such information. Beware that the underwriting carrier has relied on your answers in accepting, rating and issuing your policy and where applicable in certain jurisdictions, this application becomes part of the policy issued to the Principals as an endorsement

Signed At \_\_\_\_\_ Insured \_\_\_\_\_  
Date \_\_\_\_\_ By \_\_\_\_\_

(Signature) Officer or Director

Electronically Signed By :	Typing _____	Date _____	[%DATE_GMT]
Computer's IP Address:	[%REMOTE_ADDR]	From URL _____	[%HTTP_REFERER]

**FRAUD STATEMENT**

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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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