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 17544 Midvale Ave N #300
 Seattle WA 98133
 Telephone: (800)592-8662

ERISA Fidelity Bond Order Form

Agency Name: _____ Agency Code: _____

Producer Name: _____ Agency Contact: _____

Telephone #: _____ Fax #: _____

Agency Contact Email Address: _____

Name of Plan Sponsor (*Business Name*): _____

Sponsor Address: _____

Policy Effective Date: _____

Billing Method: Agency Bill Payment attached

Do any of the plans contain non-qualifying assets? Yes No (If yes, not eligible for coverage under this policy. Please contact your local Travelers Bond underwriter.)

Do any of the plans contain employer securities? Yes No (If yes, please forward details of the plan assets to your Bond Express underwriter.)

Coverage Limits & Premiums: (*Includes Inflation Guard*) *Please note that for this added protection, a 10% surcharge will be applied to our low ERISA bond premiums at renewal.

Bond Limit	3-Yr Prepaid Premium	Bond Limit	3-Yr Prepaid Premium	Bond Limit	3-Yr Prepaid Premium	Bond Limit	3-Yr Prepaid Premium
\$10,000	\$111	\$120,000	\$271	\$230,000	\$336	\$475,000	\$482
\$20,000	\$114	\$130,000	\$276	\$240,000	\$342	\$500,000	\$496
\$30,000	\$137	\$140,000	\$282	\$250,000	\$348	\$550,000**	\$527
\$40,000	\$157	\$150,000	\$288	\$275,000	\$365	\$600,000**	\$556
\$50,000	\$180	\$160,000	\$294	\$300,000	\$379	\$650,000**	\$584
\$60,000	\$197	\$170,000	\$302	\$325,000	\$393	\$700,000**	\$616
\$70,000	\$217	\$180,000	\$308	\$350,000	\$408	\$750,000**	\$644
\$80,000	\$231	\$190,000	\$314	\$375,000	\$425	\$800,000**	\$670
\$90,000	\$245	\$200,000	\$319	\$400,000	\$436	\$850,000**	\$701
\$100,000	\$257	\$210,000	\$325	\$425,000	\$450	\$900,000**	\$730
\$110,000	\$262	\$220,000	\$331	\$450,000	\$467	\$950,000**	\$758
						\$1,000,000**	\$789

Bond Limit Worksheet:
 Total Assets of Plan A: _____ x .10 = _____ Bond Limit Plan A (*not to exceed \$500,000*) **
 + Total Assets of Plan B: _____ x .10 = _____ Bond Limit Plan B (*not to exceed \$500,000*) **
 + Total Assets of Plan C: _____ x .10 = _____ Bond Limit Plan C (*not to exceed \$500,000*) **
 = Limit Required: _____ should equal the sum of the Bond Limits above (*Plan A + Plan B + Plan C, etc.*)

Limit Requested: _____

Loss History, if applicable: _____

*Note: The Travelers ERISA Compliance Bond automatically insures all ERISA Plans of the Sponsor. The Employee Retirement Income Security Act of 1974 (ERISA) requires a Plan Fidelity Bond to equal 10% of the funds handled by a Trustee/Fiduciary, with a maximum Bond Limit of \$500,000 per Plan**. The Limit of Liability for the Bond should equal the sum of the required ERISA Bond amount for each Plan. The Travelers ERISA Compliance Bond contains a unique *Inflation Guard* feature. This feature automatically provides a bond amount, per Plan, equal to that required by ERISA, provided the Sponsor/Plan purchases an amount at least equal to the required ERISA bond amount, at the Bond inception date. These rates are based on: F0% commission rate, 5 or fewer Trustees, and no losses. Our underwriting criteria requires use of the Travelers ERISA Compliance Bond Form. Coverage is available for Non-Union Plans containing no Non-Qualified Assets, Designated Agents, or Additional Named Insured coverage. **If your applicant does not meet these criteria, please contact your Bond Express underwriter.**

**ERISA may require the limit to exceed \$500,000 if a plan holds non-qualifying assets or employer securities. Limits above \$500,000 are available for these plans.

Signature: _____ Date: _____

(Agent or Insured)