

E.R.I.S.A Bond Application

FINANCIAL PACIFIC INSURANCE COMPANY



TEL 916-630-3843 FAX 916-630-3743

P.O. Box 292220 Sacramento California 95829-2220

NAME OF PLAN (MUST BE EXACTLY AS IT IS TO APPEAR ON THE BOND)			DATE THIS FORM WAS FILLED OUT
STREET ADDRESS			REQUESTED EFFECTIVE DATE
CITY	STATE	ZIP	

1) Is the Plan audited annually by a CPA? YES NO

NAME OF CPA FIRM			TELEPHONE NUMBER ()
STREET ADDRESS			ZIP
CITY	STATE		

2) Is the Plan serviced by an Independent Administrator? YES NO

NAME OF ADMINISTRATOR			TELEPHONE NUMBER ()
STREET ADDRESS			ZIP
CITY	STATE		

3) How many Trustees are there for the Plan? _____

4) Are two signatures required to withdraw from the Plan? YES NO

5) Who reconciles the Plan's bank statements? _____

6) Who deposits funds in the Plan's accounts? _____

AMOUNT OF BOND \$	TOTAL PLAN ASSETS \$
NOTE: For bond amounts in excess of \$50,000, additional information may be required. Requested Bond Term <input type="checkbox"/> 1 YEAR <input type="checkbox"/> THREE YEARS	

READ CAREFULLY AND SIGN

I, the undersigned, declare that the foregoing statements are true and correct. Additionally, I acknowledge that the first year's premium is fully earned upon issuance of the requested bond and I agree to pay all premiums as they become due.

DATE _____ MONTH _____ YEAR _____	DATE _____ MONTH _____ YEAR _____
Signed this _____ of _____, _____	Signed this _____ of _____, _____
SIGNATURE <input checked="" type="checkbox"/>	SIGNATURE <input checked="" type="checkbox"/>
PRINT NAME	PRINT NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP	CITY STATE ZIP
TELEPHONE NUMBER ()	FAX NUMBER ()
TELEPHONE NUMBER ()	FAX NUMBER ()

PRODUCER INFORMATION – First year's premium is fully earned upon issuance.

NAME			TELEPHONE NUMBER ()
STREET ADDRESS			FAX NUMBER ()
CITY	STATE	ZIP	AGENT'S NUMBER

Premium for E.R.I.S.A. Bonds

Amount of Coverage	One Year	Three Years
\$ 10,000	\$ 40.00	\$ 93.00
\$ 15,000	\$ 45.00	\$ 108.00
\$ 20,000	\$ 50.00	\$ 123.00
\$ 25,000	\$ 55.00	\$ 138.00
\$ 30,000	\$ 60.00	\$ 148.00
\$ 40,000	\$ 65.00	\$ 169.00
\$ 45,000	\$ 68.00	\$ 176.00
\$ 50,000	\$ 70.00	\$ 183.00
\$ 75,000	\$ 90.00	\$ 235.00
\$ 100,000	\$ 110.00	\$ 264.00
\$ 125,000	\$ 130.00	\$ 312.00
\$ 150,000	\$ 150.00	\$ 360.00

First year's premium is fully earned upon issuance.