



Western National Insurance Group
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ERISA Bond Application
 Washington State

Bond Amount: \$ _____ Asset Value of Plan *: \$ _____
 (Please round to the next thousand or check rate chart for rates)

Effective: _____ Plan Sponsor (principal): _____

Legal Name of Plan: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

NAME OF PRIOR CARRIER : _____

PRIOR POLICY NO: _____ NO PRIOR COVERAGE

Number of Trustees, fiduciaries or employees who handle funds or property of the plan: _____

Have you ever declared bankruptcy or become insolvent? Yes No

Please answer the following questions if bond amount exceeds \$100,000:

Has the plan sustained any dishonesty losses in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the assets of the Plan audited annually by a C.P.A.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any prior identified uncorrected deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an independent financial advisor to the plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is countersignature required to withdraw funds from the plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, is there a voucher or system in place to prevent Unauthorized issuance of checks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are bank statements reconciled monthly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person who reconciles the bank statement also Withdraw or deposit the funds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any assets invested in non-qualified assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what percentage? _____ %		

Rates

* Western National's Surety ERISA bond contains an Inflation Guard provision which automatically provides a bond amount equal to that required by the ERISA act, provided the applicant purchases an amount equal to the required ERISA bond amount at the bond inception date. (Please note that the renewal premium after 3 years will increase 10% each renewal).

Penal Sum	3 Year Premium	Penal Sum	3 Year Premium	Penal Sum	3 Year Premium	Penal Sum	3 Year Premium
\$10,000	\$114	\$110,000	\$264	\$210,000	\$317	\$400,000	\$413
\$20,000	\$120	\$120,000	\$270	\$220,000	\$322	\$425,000	\$426
\$30,000	\$145	\$130,000	\$276	\$230,000	\$327	\$450,000	\$439
\$40,000	\$165	\$140,000	\$281	\$240,000	\$332	\$475,000	\$451
\$50,000	\$186	\$150,000	\$287	\$250,000	\$338	\$500,000	\$464
\$60,000	\$204	\$160,000	\$292	\$275,000	\$350		
\$70,000	\$222	\$170,000	\$297	\$300,000	\$363		
\$80,000	\$236	\$180,000	\$302	\$325,000	\$375		
\$90,000	\$248	\$190,000	\$307	\$350,000	\$388		
\$100,000	\$259	\$200,000	\$312	\$375,000	\$401		

AGENT INFORMATION:

AGENCY NAME: _____

AGENCY CODE: _____

AGENT/CSR: _____

PHONE: _____

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.