



APPLICATION FOR PENSION TRUST BOND

Plan Name:		Phone:	
Type of Business:		Contact Name:	
Business Address:			
City:		State:	Zip:
What is the total plan balance?	Amount of bond requested*:		Effective Date:
Is this bond required because more than 5% of plan assets are "non-qualifying"? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give name and reason for change on a separate sheet.)			

Information on each fiduciary (Please print)

Name:	
Social Security Number	Approximate Net Worth:
Name:	
Social Security Number	Approximate Net Worth:
Name:	
Social Security Number	Approximate Net Worth:

(Please attach additional names to this application.)

Information on the Plan

Is the plan audited? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ By whom? _____
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Agent Recommendation: _____

The undersigned applicant and indemnitors hereby request the Company to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and to obtain additional information from any source, including obtaining a credit report at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree:

- (1) To pay the usual premiums, including renewal premiums, to the Company or its agents, when due.
- (2) To completely INDEMNIFY the Company from and against any liability, loss, cost, attorneys' fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, or for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds; regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or aligned to be caused, by the negligence of the Company.
- (3) To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant,
- (4) Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship,
- 5) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company,
- (6) That the Company may decline to become surety of any bond and may cancel or amend any bond without cause and without any liability which

might arise therefrom,

(7) That the Company shall, without notice, have the right to alter the penalty, terms and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond,

(8) That if a contract or performance bond is issued hereunder, the undersigned hereby assign to the Company any monies now due or hereafter becoming due under the contract, including all deferred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract,

(9) At the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of South Dakota and the undersigned applicant and indemnitors consent to the jurisdiction of the courts of the State of South Dakota and the United State District Court for the District of South Dakota in all actions or proceedings arising from or relating to this indemnity agreement,

(10) That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at Sioux Falls, South Dakota 57104, effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant,

(11) In the event of any payment by the Company, to pay the Company interest on such amounts at the highest legal rate from the date such payments are made.

Signed this _____ day of _____, _____.

Your CNA Surety Agent is:

James Stafford Insurance Agency

P.O. Box 1306

Mount Vernon, TX 75457

(903) 567-8500

Toll Free: 1-888-869-4904

Fax: 1-888-475-4437

jstafford@bondsonlinetexas.com

Agent's Code: 4 2 - 2 2 7 6 9

Instructions:

1. Complete this application.
2. Once complete, you may send the form by the following methods:
 - a. Mail application with a check for the annual premium to the agents office
 - b. Fax or Email the completed application to our office with credit card information for payment.
3. Once received, your bond is issued on the same day.
4. Your bond is sent to you by regular mail or for an additional fee we can send by overnight delivery.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.