

## ERISA BOND REQUEST APPLICATION

### SUBMISSION INSTRUCTIONS:

a) Please fill out the form and use the “Submit Application” button at the end of the page to deliver your form by email.

**-OR-**

b) You can fill out, print, then send or fax your completed form to the Bond Services location nearest you.

***Your emergency is our emergency, an underwriter will respond to your request within 24 hours of receipt.***

#### **San Diego**

401 West A Street #1810  
San Diego, CA 92101  
Phone: 619-231-9522  
Fax: 619-231-9545  
[sandiego@bondservices.com](mailto:sandiego@bondservices.com)

#### **Orange County**

2700 N. Main St. #1105  
Santa Ana, CA 92705  
Phone: 888-558-3007  
Fax: 714-558-8297  
[orangecounty@bondservices.com](mailto:orangecounty@bondservices.com)

#### **Los Angeles**

900 Wilshire Blvd #1400  
Los Angeles, CA 90017  
Phone: 213-628-2970  
Fax: 213-628-2977  
[losangeles@bondservices.com](mailto:losangeles@bondservices.com)

#### **Inland Empire**

242 E. Airport Drive #206  
San Bernardino, CA 92408  
Phone: 909-890-1409  
Fax: 909-890-4282  
[sanbernardino@bondservices.com](mailto:sanbernardino@bondservices.com)

#### **San Jose**

52 South First Street #210  
San Jose, CA 95113  
Phone: 408-998-5056  
Fax: 408-279-3160

#### **Concord**

2300 Clayton Road #1440  
Concord, CA 94520  
Phone: 925-676-2663  
Fax: 925-676-2339  
[concord@bondservices.com](mailto:concord@bondservices.com)

#### **Sacramento**

7221 South Land Park Drive  
Sacramento, CA 95831  
Phone: 916-424-0435  
Fax: 916-424-0437  
[sacramento@bondservices.com](mailto:sacramento@bondservices.com)

#### **Texas**

201 Main Street #600  
Fort Worth, TX 76102  
Phone: 817-349-6038  
Fax: 817-349-6040  
[info@southwestbonding.com](mailto:info@southwestbonding.com)

**ERISA BOND REQUEST INFORMATION SHEET**

**Type of Bond:** ERISA **Bond Amount:** \_\_\_\_\_

**Total Plan Assets:** \_\_\_\_\_ **Bond Effective Date:** \_\_\_\_\_  
*(If applicable)*

**Plan Name:** \_\_\_\_\_  
*(Name exactly as it is to appear on the bond)*

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_

**Trustees Name(s) and Social Security Number(s) (all trustees must indemnify for the bond)**  
\_\_\_\_\_  
\_\_\_\_\_

1) Is the Plan serviced by an Independent Administrator? Yes  No   
If yes, name and address of Administrator: \_\_\_\_\_

2) Is the Plan annually audited by a CPA? Yes  No   
If yes, name and address of CPA Firm \_\_\_\_\_

3) Are two signatures required to withdraw from the Plan? Yes  No

4) Does the plan contain non-qualified assets? Yes  No   
If yes, what are they and what is their value \_\_\_\_\_

5) Have non-qualified assets been bought or sold in the last 2 years? Yes  No

6) What % of the Plan Assets belong to the trustees \_\_\_\_\_

**For bonds over \$500,000 please complete the following financial information for the trustee(s) of the plan**

Personal Banking Account Balances: \$ \_\_\_\_\_ Estimated Net Worth: \$ \_\_\_\_\_

Personal Real Estate Market Value: \$ \_\_\_\_\_ Balance Owing: \$ \_\_\_\_\_

HAVE YOU, YOUR SPOUSE OR COMPANY EVER DECLARED BANKRUPTCY? YES  NO   
 BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? YES  NO   
 FAILED IN ANY BUSINESS VENTURE? YES  NO   
 ARE ANY OF YOUR ASSETS IN A TRUST(S) YES  NO

***By completing this form you authorize the surety or its representatives to have the right to examine the credit history of the above name applicant.***

Click the "Submit Application" button to send your secure online form to Bond Services of California.

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