



Application for Fidelity Bond (Pension and Welfare Plans)

Today's Date:

Exact Name of Plan:

Address:

Nature of Business of
Firm:

Name/Address of
each trustee or
Employee to be
bonded:

- 1.
- 2.
- 3.

Coverage Amount:

(Minimum is 10% of funds handled)

Accountant Name:

Address:

List Prior Dishonesty
Losses:

Date Plan Est:

Current Assets:

Participants:

Effective Date
of Bond:

Frequency of
Audit:

Submitted By:

Phone Number:

Email: