



specialty  
solutions

## SUPPLEMENTAL APPLICATION/QUESTIONNAIRE FOR ERISA RIDER EXTENSION

ALL QUESTIONS MUST BE ANSWERED. DO NOT LEAVE ANY BLANK OR UNANSWERED. WHERE A QUESTION DOES NOT APPLY, INDICATE "N/A" AND ADD A BRIEF EXPLANATION.

Name(s) of Plan as filed with the IRS to appear on Bond: \_\_\_\_\_

Applicant/Sponsoring Company(ies): \_\_\_\_\_

Insured's Address: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City) (State) (ZIP Code)

Website NAICS(SIC) Code: Federal Employer Identification Code:

Proposed coverage to be effective from 12:01 a.m. on \_\_\_\_\_

At the address of the Applicant, and to run concurrently with the attached Policy/Bond, until terminated in its entirety.

### 1. COVERAGE DESIRED

Bond Limit: \_\_\_\_\_ Check one: (a) ☐ Discovery Form (Financial Institution Bond); or  
(b) ☐ Loss Sustained Form (3-D Bond)

2. Total number of Trustees, Fiduciaries or Employees who have access or control the Plan(s) funds or other property? \_\_\_\_\_  
(Note: Independent (third party) Administrators should NOT be included in this count.)

3. Current Value of Total Plan Assets? \_\_\_\_\_ ☐ Canadian currency  
☐ USA currency

4. What percentage of total Assets is invested in Non-Qualified Investments? \_\_\_\_\_

5. Does the plan employ independent Administrators? ☐ Yes ☐ No  
(NB: Coverage is NOT automatically provided under this Bond.)

6. Does a CPA audit the Plan(s) annually? ☐ Yes ☐ No

7. Name and contact information (telephone / email) of CPA? \_\_\_\_\_

8. Did any prior audit identify any deficiencies or irregularities that remain unresolved or uncorrected? ☐ Yes ☐ No  
If "Yes", please explain in a letter the nature of the deficiencies or irregularities and what corrective measures will be taken and when.

9. Is the countersignature required on all documentation authorizing withdrawal or movement of funds from the Plan? ☐ Yes ☐ No  
If "No", please provide a detailed description of the controls in effect to counter this deficiency. (Please attach separate Addendum if there is insufficient space hereunder):

10. Are all cheques required to be countersigned? ☐ Yes ☐ No  
If "No", please provide a detailed description of the controls in effect to counter this deficiency. (Please attach separate Addendum if there is insufficient space hereunder):

11. Is there a system in effect to prevent unauthorized issuance of cheques? ☐ Yes ☐ No  
If "No", please provide a detailed description of the controls in effect to counter this deficiency. (Please attach separate Addendum if there is insufficient space hereunder):

12. Is the Administrator provided with a list of those employees who are authorized to request changes to the Plan(s)? ☐ Yes ☐ No

13. Are reconciliations conducted at least monthly for:

Bank statements? ☐ Yes ☐ No

Activity statement? ☐ Yes ☐ No

All other statements? ☐ Yes ☐ No

If "No", please provide a detailed description of the controls in effect to counter this deficiency. (Please attach separate Addendum if there is insufficient space hereunder):

14. Are the Plan(s) statements of activity monitored by an authorized person other than the individual(s) authorized to request Plan changes? ☐ Yes ☐ No

If "No", please provide a detailed description of the controls in effect to counter this deficiency. (Please attach separate Addendum if there is insufficient space hereunder):

15. Does the person who reconciles the bank statements and other statements, also deposit funds? ☐ Yes ☐ No

If "Yes", please provide a detailed description of the controls in effect to counter this deficiency. (Please attach a separate Addendum if there is insufficient space hereunder):

16. Is there a written agreement between the applicant and the Administrator that prohibits the Administrator from releasing Plan(s) assets to the Applicant? ☐ Yes ☐ No

17. Name of current Bonding/Insurance Company? \_\_\_\_\_ Policy No. \_\_\_\_\_

18. Effective date of current Bond / Insurance? \_\_\_\_\_

19. Has any bond / insurance similar to that requested herein been declined or cancelled during the past 6 years? ☐ Yes ☐ No

If "Yes", please provide a detailed description of the controls in effect to counter this deficiency. (Please attach a separate Addendum if there is insufficient space hereunder):

20. Provide the details of all losses in the past 6 years for any insurance similar to the type(s) being applied for whether reimbursed or not by insurance.

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Details of Loss

This Supplemental Application/Questionnaire for ERISA Rider Extension Coverage is attached to and forms part of the Application for a comprehensive Disappearance, Dishonesty, Disappearance and Destruction (3-D) Bond/Financial Institution Bond. This is not meant to be an application for complete compliance with all of the provisions for ERISA Regulations or those regulations of any particular state or regulatory authority.

It is unlawful to knowingly provide false, incomplete or misleading material facts or information to defraud or attempt to defraud an Insurance Company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

The signing of this application does not bind the Applicant or the Company. The signatory must be an officer of the Applicant, the Risk Manager or the person responsible for the Plan(s) Bond.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_  
(location) (Month, Day, Year)

Signature

Print Name

Title: