

Issue Quote

ERISA APPLICATION

Pension Plan And / Or Profit Sharing Plan

Plan Name: _____

Plan Address: _____

Bond Amount: \$ _____ **FEIN #** _____
Amount of Qualifying Assets: \$ _____ and Non-Qualifying Assets: \$ _____

Number of Plan Participants: _____ Effective Date: _____

Requested By: _____ Phone: _____

Number of Trustees: _____

Any Previous Dishonesty Losses: _____

Brief Description of Business: _____

1. Are Plan Assets Invested With Entities Owned Or Controlled By Any Trustee/Sponsor Of The Plan? Yes No

2. Are you claiming a **waiver** of the annual examination and report of an Independent Qualified Public Accountant? Yes No

3. **If yes**, will the plan(s) be included in the annual audit of the sponsor-company? Yes No

Fraud Warning - For those states which ACORD has developed a state-specific Fraud Warning, ACORD 63 (Arkansas, Colorado, Ohio & Oklahoma), such form must be read and signed by the applicant and attached to each copy of the application required to be submitted.

For other states except Nebraska and Oregon:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. In VA and ME insurance benefits may also be denied.

In witness thereof, I have hereunto set my hand this _____ day of _____

Print Name and Title

Witness:

(Signature of Applicant in Full)



Utica National Insurance Group

Insurance that starts with you.

Utica Mutual Insurance Company and its affiliated companies, New Hartford NY 13413