



ERISA COMPLIANCE BOND

Order Form

Non-Union Welfare & Pension Plans

Fax or Mail to: Travelers Bond Express –Attn: Cathy Hamilton
770 Pennsylvania Drive, Suite 110
Exton, PA 19341 Fax: (866) 785-2463

| |
|--|
| Agency Name |
| Agency City, State & Code |
| <input type="checkbox"/> New Business <input type="checkbox"/> Renewal |

Name of Insured Plan(s) Sponsor

Complete Mailing Address

Effective Date of Coverage

Amount of Coverage At least 10% of total assets in all plans named above.

Premium See premium data below.
 Annual Installment 3-Yr. Prepaid

Loss Experience – 5 years None Loss history attached

Total Asset Value of Plan(s) \$

Premium Data*

| Amount of Coverage | Annual Installment | 3-Yr. Prepaid Premium | * | Amount of Coverage | Annual Installment | 3-Yr. Prepaid Premium |
|--------------------|--------------------|-----------------------|---|--------------------|--------------------|-----------------------|
| \$10,000 | \$41 | \$111 | * | \$100,000 | \$95 | \$257 |
| 15,000 | 41 | 111 | * | 125,000 | 101 | 274 |
| 20,000 | 42 | 114 | * | 150,000 | 106 | 288 |
| 25,000 | 47 | 128 | * | 200,000 | 118 | 319 |
| 30,000 | 50 | 137 | * | 250,000 | 128 | 348 |
| 40,000 | 58 | 157 | * | 300,000 | 140 | 379 |
| 50,000 | 66 | 180 | * | 400,000 | 161 | 436 |
| 75,000 | 83 | 225 | * | 500,000 | 183 | 496 |

Fiduciary Liability Premium Indication Have you offered this applicant Fiduciary Responsibility Insurance? Please fill in the below for a premium indication. Contact our office if you need information on this important coverage

Yes No

No. of Plans

Number of Employees

*All premiums include Inflation Guard coverage.