

How to complete an ERISA Fidelity Coverage Application

1. **Agency Name & Address.** List the Agency Name and address that will service the policy.
2. **Agency Code.** Indicate the Travelers Agency Code under which the policy will be issued.
3. **Agency Contact Information.** List the Producer Name and Agency Contact (CSR) including Telephone, Fax, and Email.
4. **Name of Plan Sponsor.** Provide the complete Business Name of the entity which serves as the Sponsor of the ERISA benefit plans to be insured.
5. **Sponsor Address.** Provide the complete physical location/mailling address.
6. **Proposed Policy Period.** Indicate the inception date of coverage, which must be *within 90 days* of today's date.
7. **Billing Method.** Select either Agency Bill or Direct Bill. If Direct Bill is chosen, a Sponsor's telephone number is required.
8. **Loss History.** Indicate if the Sponsor or any of the plans have reported or paid employee dishonesty or fraud losses.
9. **Coverage.** Indicate if the Sponsor or any of the plans have been declined coverage by another insurance company.
10. **Union.** Indicate if the Sponsor of any of the plans is a Union.
11. **Non-Qualifying Assets.** Indicate if any of the plan assets are designated as "non-qualifying" (e.g. jewelry, artwork, collectibles, mortgages, real estate).
12. **Employer Securities.** Indicate if any of the plan assets contain employer securities (i.e. Employee Stock Option Plans issued by the employer).
13. **Plan Names.** Indicate if any individual plan names should be listed on the policy.
14. **List Plan Names & Limits.** List plan names and the total assets of each plan and multiply by .10 to determine the limit per plan. If there is more than one plan, .10 of the total assets of each plan would be added together to reach the total policy limit required. Note: Limits in excess of \$500,000 are available for plans that meet eligibility requirements.

ERISA Fidelity Coverage Application

Travelers Casualty and Surety Company of America

The term **Applicant** means the Plan Sponsor and any Employee Benefit Plan proposed for this insurance.

I. AGENCY INFORMATION

1. Agency Name: _____
 Agency Address: _____
 City: _____ State: ___ ZIP: _____

2. Agency Code: _____

3. Producer Name: _____ Agency Contact: _____
 Phone #: _____ Fax #: _____ Email: _____

II. SPONSOR INFORMATION

4. Name of Plan Sponsor (Business Name): _____
 5. Sponsor Address: _____ City: _____ State: ___ ZIP: _____

III. COVERAGE/RATING INFORMATION

6. Proposed Policy Period*: From 12:01 a.m. on _____ to _____
 * Proposed effective date should be within 90 days of the date this Application is completed.

7. Desired Billing Method: Agency Bill or Direct Bill Sponsor Phone #: _____
(Required for Direct Bill)

8. Has the Sponsor or have any of the **Applicant's** plans experienced any prior or pending fidelity loss? Yes No
(If yes, please forward details to your underwriter.)

9. Has the Sponsor or have any of the **Applicant's** plans been declined coverage by another insurance company? (Not applicable to Missouri Applicants.) Yes No

10. Is the Sponsor of any of the **Applicant's** plans a Union? Yes No
(If yes, please forward details to your underwriter.)

11. Do any of the **Applicant's** plans contain Non-Qualifying Assets? Yes No
(If yes, please forward details to your underwriter.)

12. Do any of the **Applicant's** plans contain Employer Securities? Yes No
(If yes, please forward details to your underwriter.)

13. Does the **Applicant** wish to have the individual plan names listed on the policy? Yes No
(If yes, please list the plan names below. Attach an additional sheet if necessary.)

Plan Name: _____ Total Assets of Plan #1: _____ x .10 = _____ Plan #1 Limit **
 _____ + Total Assets of Plan #2: _____ x .10 = _____ Plan #2 Limit **
 _____ + Total Assets of Plan #3: _____ x .10 = _____ Plan #3 Limit **
 = Limit Requested: _____ should equal the sum of the Plan Limits above
(Plan #1 + Plan #2 + Plan #3, etc.)

THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE.
ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

15. Signature*: Officer of Applicant (Authorized Representative) _____ Name (Printed) _____
 Title _____ Date _____

VII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):

Producer Signature* _____ Producer Name (Printed) _____
 Agency Name _____ Agency Code _____ License Number _____

15. **Signature/Date.** An Authorized representative (i.e. Agent or Insured) must sign and date the Application. The application may be signed electronically by checking the applicable box at the end of the signature section. Note: Producer information is required if the Plan Sponsor is located in Florida or Iowa. Producer signature is required if the Plan Sponsor is located in New Hampshire.