



ERISA Bond Application / Price Reference Sheet *

*THIS APPLICATION CANNOT BE USED FOR LABOR UNION ERISA BONDS – CLASS CODE 697
 CONTACT US FOR THE APPROPRIATE FORM

Plan Name: _____
 (as filed with the Department of Labor)

Address: _____

Sponsor Name: _____

Plan Assets: \$ _____ Bond Amount: _____

Effective Date: _____ # Trustees: _____

Prior Carrier: _____ Loss(es) Incurred \$ _____

Limit	3 Year Prepaid Premium** (Agency bill only)
Up to \$265,000	\$270
\$275,000	\$275
\$300,000	\$286
\$350,000	\$305
\$400,000	\$324
\$450,000	\$343
\$500,000	\$365

** The above premiums are for plans with 5 or fewer trustees/fiduciaries.
 \$25.00 set up fee applies – please include fee with premium payment.

Agency Name: _____ Agency Phone: _____

Agency Address: _____ Agency Fax: _____

Payments should be made out to: **Statewide Bonding Company**

Payments and Applications Should be sent to:

Statewide Bonding Company
P.O. Box 500698
Atlanta, GA 31150