



For All the Commitments You Make®

Application for ERISA Fiduciary Fidelity Bond

Applicant's Name and Principal Address:

Year Established: _____

Parent Company: _____

Total Number of Full Time Employees and Officers: _____

Number of: Domestic Locations _____ Foreign Locations: _____

Indicate Locations: _____

Does the Applicant Employ the Services of an Outside Auditor: Yes No

* Frequency of Audit: _____

* Date of Last Audit: _____

* Have there been any disagreements with the Independent Auditor in the last 3 years concerning the presentation of an applicants financial statements? Yes No (if Yes, provide details)

* Does an Applicant plan to change, or has it changed in the last three years, its Audit Program or Independent Auditor? Yes No (if Yes, provide details)

* Who prepares the Customer's Statement of Account Activity? _____;
and is this preparation Independent of the Investment Advising Function? Yes No

* How often are the statements prepared and delivered to customers: Monthly Quarterly
 Semi-Annually Annually Other _____

* Does the person who provides Investment Advice, also review Customer's Statement of Account Activity?
 Yes No (if Not, Statements are reviewed by) _____

* Does the Custodian provide the Applicant with Account Activity Statements which are reflect activity of the Applicant? Yes No

* Who reviews this Statement?

List all Fidelity Losses Incurred, whether reimbursed by Insurance or not, for the last 5 years

DATE OF LOSS	CAUSE OF LOSS	GROSS AMOUNT OF LOSS (ACTUAL OR ESTIMATED)	AMOUNT RECEIVED FROM INSURANCE LESS SALVAGE	AMOUNT PENDING

Include with this application:

1. A copy of the most recent Form ADV., Parts I and II and provide details for any "YES" answers to Question 11, Disciplinary Questions of form ADV., Part I;
2. Most recent Audited Financial Statements for the Applicant and/or Parent Company;
3. Most recent Management Letter and response thereto;
4. List of all ERISA Plans to be included in the Application for Insurance;
5. Aggregate Limit of Liability required for all Managed ERISA Plans.

The Applicant represents that the information furnished in this Application and any additional information are true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this Application or otherwise, may be grounds for rescission of any Bond issued in reliance upon such information.

Dated this _____ Day of _____, 19 ____.

By: _____ Title: _____

Signature _____