



LANCE SURETY BOND ASSOCIATES, INC.

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www.suretybonds.org

ERISA FIDELITY BOND APPLICATION

(For use with bonds up to \$500,000. Otherwise use form F-4970)

1. Legal Name of Plan _____ (See IRS form 5500C)	
Address _____	
2. Bond Amount \$ _____	3. Number of Trustees _____
4. Prior Loss History? _____	Check, if None <input type="checkbox"/> or Explanation: _____
5. Agent Name & Location: <u>Lance Surety Bond Associates, Inc.</u> <u>6023A Kellers Church Road, Pipersville, PA 19047</u>	

Principal Company Name: _____

Contact Person: _____

Phone Number: _____

Fax: _____

Email: _____

THIS WARNING IS PART OF YOUR APPLICATION, READ IT CAREFULLY

GENERAL FRAUD AND STATE SPECIFIC FRAUD STATEMENTS

The General Fraud Statement is applicable to all states except Colorado, District of Columbia, Florida, Hawaii, Kansas, Massachusetts, Minnesota, Nebraska, Ohio, Oklahoma, Oregon, Utah, Vermont and Washington. The State Specific Fraud Statement are also listed. Please read the Fraud Statement that is applicable for your State, and acknowledge receipt by signing below it (if required). Consult your agent if you have any questions about your application for the ERISA or Business Service Bond.

GENERAL FRAUD STATEMENT

(Applicable in all states except as listed below)

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. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, UT, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.

APPLICABLE IN COLORADO - FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN DISTRICT OF COLUMBIA - FRAUD STATEMENT

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN FLORIDA - FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN HAWAII - FRAUD STATEMENT

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN KANSAS - FRAUD STATEMENT

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT - FRAUD STATEMENT

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN MINNESOTA - FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN OHIO - FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN OKLAHOMA - FRAUD STATEMENT

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN UTAH - FRAUD STATEMENT

For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Applicant's Signature

Date (MM/DD/YY)

APPLICABLE IN WASHINGTON - FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Applicant's Signature

Date (MM/DD/YY)