

## ERISA BONDS: A BOND DESIGNED TO PROTECT YOUR VALUABLE EMPLOYEE BENEFIT PLANS

## WHAT IS ERISA?

The Employee Retirement Income Security Act (ERISA) was enacted to protect employee benefit plans from the risk of loss due to acts of fraud or dishonesty by the plan officials.

ERISA requires every fiduciary of an employee benefit plan and every person who handles funds or other property of the plan to be bonded. The ERISA bond amount must be at least 10 percent of the plan assets.

## WHY RLI?

RLI's ERISA Fidelity Bond helps you comply with the law and provides coverage to plan participants against dishonesty and fraud.

- We have limits available from \$5,000 to the maximum bond amount of \$500,000 per plan.
- We offer competitive rates. Both annual and 3-year pre-paid options are available.

- We offer inflation guard which automatically provides coverage equal to the amount required by ERISA. This coverage is available for an additional premium.
- Our bonds are easy to issue just complete the application and fax or e-mail it to us for issuance.
  The bonds can also be entered and issued quickly by the agent using our online system.
- The 2017 National Underwriter/PIA Independent Agent Survey named RLI as one of the top 10 highest-rated carriers by independent agents and RLI Surety as one of the best carriers for Surety Bonds.
- · We are licensed in all 50 states.



## **APPLICATION**

| Applicant Information                 |                         |                    |                            |          |       |         |
|---------------------------------------|-------------------------|--------------------|----------------------------|----------|-------|---------|
| Applicant (Provide Exact Name of Pla  | an)                     |                    |                            |          |       |         |
| applicant (i Tovide Exact Name of the | aii)                    |                    |                            |          |       |         |
| Business Address                      |                         |                    |                            | State    | Zip   |         |
| Type of Business                      | Previo                  | us Surety Compa    | Reason for Changing Surety |          |       |         |
| Bond Information                      |                         |                    |                            |          |       |         |
|                                       |                         |                    |                            |          |       |         |
| Amount of Bond                        |                         |                    | Effective Date             | 9        |       |         |
| Premium Payments (pre-paid):          | Three Years             | s in Advance       | Annually                   |          |       |         |
| Name of Plan Sponsor                  | Address of Plan Sponsor |                    | or                         | City     | State | Zip     |
| Underwriting Information              |                         |                    |                            |          |       |         |
| Total Assets in the Plan (Bond amou   | ınt should e            | equal 10% of plan  | assets)                    |          |       |         |
| Are all of the plan's assets invested | in eligible a           | assets?            | es 🗌 No                    |          |       |         |
| Are any of the plan's assets invested | d in your bu            | siness?            | es 🗌 No                    |          |       |         |
| Agent/Broker Information              |                         |                    |                            |          |       |         |
|                                       |                         |                    |                            |          |       |         |
| Agent/Broker Name                     | Code                    | Code Phone No.     |                            | City     | St    | ate Zip |
| Agent's Recommendation:               |                         |                    |                            |          |       |         |
| We are not very familiar with this    | applicant.              |                    |                            |          |       |         |
| We are familiar with applicant an     | d are aware             | e of no adverse in | formation about            | him/her. |       |         |
| We know applicant very well and       | offer our hi            | ghest recommen     | dation.                    |          |       |         |
| Comments:                             |                         |                    |                            |          |       |         |
|                                       |                         |                    |                            |          |       |         |

YOUR LOCAL RLI AGENT IS:





This brochure contains only a brief summary of coverage and bond provisions. Certain conditions and exclusions apply.

