

BLANKET BOND _____
INDIVIDUAL SCHEDULE _____

Agent _____
Location _____

BOND APPLICATION FOR A PENSION PLAN AND/OR PROFIT SHARING PLAN

1. Legal name of plan(s) (see IRS5500-C): _____
2. Nature of applicant's business: _____
3. Address: _____
4. Amount of Bond \$ _____ Effective Date _____
5. Number of Trustees: _____ 3 yrs. prepaid installments annual
Are all Trustees participants in the plan? Yes _____ No _____
If "No," please explain: _____
6. Number of other employees assisting in handling the funds, if any: _____
7. Name of Plan Trustee(s): _____
Is the Plan Administrator also the Plan Sponsor or Employer? Yes _____ No _____
If "No," please explain: _____
8. If there is an Independent Administrator, does the business' outside accountant review the handling of funds prior to their being transferred to the trust? Yes _____ No _____
9. Largest amount of funds the trustees expect to be in plan in the next three years: _____
10. If this is not a new plan, who provided prior bond coverage? _____
11. Has there ever been any loss of the trust funds? Yes _____ No _____
If "Yes," provide details: _____
12. Number of participants in all plans: _____

AUDITS: (to be completed if bond amount exceeds \$250,000)

1. How frequently made? _____
2. By whom? _____
3. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? _____
How often? _____
4. Will countersignature of checks be required? Yes _____ No _____
5. If "No," by whom signed? _____
6. Will securities be subject to joint control? Yes _____ No _____
7. Describe safekeeping provisions: _____

IN CONSIDERATION of the execution by The Cincinnati Insurance Company (hereinafter called the Company) of the suretyship here applied for, or any other suretyship, I hereby agree (1) to indemnify and hold harmless said Company against any and all loss, liability, cost, damages, attorney fees and expenses whatever which the Company may sustain or incur by reason or in consequence of having executed such suretyship, including any modification, renewal or continuation thereof; (2) that the Company shall have the right and is hereby authorized to adjust, settle or compromise any claim demand, suit or judgment upon such suretyship, and that the voucher or vouchers or other evidence of any payment, settlement or compromise, shall be prima facie evidence of the fact and extent of my liability therefor; (3) that the Company shall have the right to decline to issue such suretyship, or, if issued, to cancel the same, and the Company shall be under no obligation to disclose its reason therefor, the provisions of any law to the contrary being hereby expressly waived; (4) that this agreement shall be for the benefit of any reinsuring or co-surety company. I do also expressly relieve said Company and any person, association, firm or corporation furnishing it with any information concerning me or my affairs from any claims, causes of action or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby expressly waived.

Signed, sealed and dated this _____ day of _____ 19____

WITNESS _____

Applicant _____
(Applicant sign full name here)

EMPLOYER'S CERTIFICATE

The applicant has been in my employ from _____ to _____ and, to the best of my knowledge, has always performed his duties in a faithful and satisfactory manner. He is not to my knowledge in arrears or default and I am not aware of any irregularity in any of his previous employments. I know of no reason why he should not be worthy of the bond applied for.

Employer _____

By _____ Title _____