

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 set up fee applies – please include fee with premium payment.

Agency Name: _____ Agency Address: _____

Agency Phone: _____ Agency Fax: _____

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

Payments and Applications should be sent to:

Statewide Bonding Company
1301 Hightower Trail, Suite 210
Atlanta, GA 30350