

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.

WHAT IS COVERED BY AN ERISA BOND?

ERISA bonds ensure that people in a position of trust over retirement assets fulfill their obligations so the money employees are counting on is their when they are ready to retire. If the obligation to protect the plan money is violated by wrongful acts, the bond assures employees' rights to damages against those who handle fund assets.

ARE YOU IN COMPLIANCE?

Your agent can easily and quickly contact RLI's ERISA bond underwriters to ensure your company is in compliance with ERISA law.

BENEFITS OF AN RLI ERISA BOND

RLI offers the most comprehensive ERISA bond options in the industry, featuring:

- · Competitive rates
- Blanket coverage, eliminating the need for separate bonds for each trustee
- 3-year option including inflation guard, automatically providing coverage equal to the amount required by ERISA
- Limits available from \$5,000 to the maximum bond amount of \$500,000 per plan



APPLICATION

Applicant Information								
Applicant (Provide Exact Name of	Plan)							
Business Address			City		State	e Z	р	
Type of Business	Previo	Previous Surety Company			Reason for Changing Surety			
Bond Information								
Amount of Bond	_		Effective Date	;				
Premium Payments (pre-paid):	Three Years	s in Advance	Annually					
Name of Plan Sponsor	Addre	Address of Plan Sponsor			State	Zip		
Underwriting Information								
Total Assets in the Plan (Bond am	nount should e	equal 10% of plan	assets)					
Are all of the plan's assets invest	ed in eligible a	assets? 🔲 Ye	s No					
Are any of the plan's assets inves	sted in your bu	ısiness?	s No					
Agent/Broker Information								
Agent/Broker Name	Code	Phone No.	Fax No.	City	9	State	Zip	
Agent's Recommendation:								
☐ We are not very familiar with t	his applicant.							
☐ We are familiar with applicant	and are aware	e of no adverse inf	ormation about	him/her.				
☐ We know applicant very well a	nd offer our hi	ghest recommend	ation.					
Comments:								

YOUR LOCAL AGENT IS:





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

