



Theodore Liftman Insurance, Inc.

FINANCIAL INSURANCE

Liftman Insurance Agency Co. (NC, TX) Liftman Insurance Agency (NY, CA) Theodore Liftman (IA)

In-House Pension Plan ERISA Bond Coverage

Section 412 of the Employee Retirement Income Security Act (ERISA) requires a bond for pension, profit-sharing, and thrift plans. The bond amount must not be less than 10% of the amount of funds at the beginning of each plan's fiscal year up to a maximum bond of \$500,000.

Bond Amounts and Premiums

Premiums for the following states:

AK, AZ, CA, CO, ID, IL, KS, MI, MN, MO, MT, NV, NM, ND, OR, SD, UT, WA, WI and WY (Call for Oklahoma rates.)

| Bond Amount | 3 Year Prepaid Premium (3 year policy term) |
|--------------------|--|
| \$300,000 | \$316 |
| \$400,000 | \$362 |
| \$500,000 | \$405 |

Premiums for the following states:

AL, AR, CT, DC, DE, FL, GA, IN, IA, KY, LA, ME, MD, MA, MS, NE, NH, NJ, NY, NC, OH, PA, RI, SC, TN, TX, VT, VA and WV

| Bond Amount | 3 Year Prepaid Premium (3 year policy term) |
|--------------------|--|
| \$300,000 | \$286 |
| \$400,000 | \$324 |
| \$500,000 | \$365 |

All of the above premiums include ERISASHIELD coverage which automatically increases the bond amount to ensure regulatory compliance at time of loss, subject to bond terms and conditions.

This bond is only for plans with 5 or fewer trustees/fiduciaries. Rates do not apply to plans sponsored by labor unions.

To order this ERISA bond, complete and return the application to Theodore Liftman Insurance, Inc. Coverage will be issued by a company in The Hartford Financial Services Group, Inc. and you will receive your invoice directly from the insurance company.

ERISA Bond Application

Contact Name: _____ Phone No.: _____

Company Name: _____

Street Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____ Email: _____

Exact Plan Name: _____

(Plan name can be found in your adoption agreement)

Any plan dishonesty losses in the past 3 years? No Yes (If yes, attach details)

Bond Effective Date: _____ Number of Trustees: _____ Assets Per Plan: _____

Today's Date: _____ Title: _____ Signature: _____

Bond Amount: \$300,000 \$400,000 \$500,000

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Advisors Professional Liability - ERISA and Fidelity Bonds - Directors & Officers Liability - State Surety Bonds