

Bond No. _____

Administrative Offices
1299 Zurich Way
Schaumburg, IL 60196



ZURICH AMERICAN INSURANCE COMPANY

Zurich ERISA Fidelity Bond Application

South Dakota

FOR A SINGLE PLAN WITH A LIMIT OF LIABILITY OF \$1,000,000 OR LESS
THIS APPLICATION MAY NOT BE USED IF SEEKING COVERAGE FOR MULTIPLE PLANS OR LABOR
UNION ERISA PLANS.

Please complete the application in full.

NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichproducercompensation.com> or call the following toll-free number:
(866) 903-1192. This Notice is provided on behalf of Zurich American Insurance
Company and its underwriting subsidiaries.

I. GENERAL INFORMATION:

1.	Plan Name	
2.	Plan Sponsor* Name	
3.	Plan Sponsor Address	
4.	Plan Sponsor E-mail Address	
5.	Plan Sponsor Phone Number	
6.	SIC Code of Plan Sponsor	
7.	Nature of Sponsor Business	
8.	Plan Administrator Name (if applicable)	
9.	Plan Administrator Address (if applicable)	
10.	Agency/Broker Name	
11.	Agency/Broker Code	
12.	Name of Licensed/Appointed Producer	
13.	Effective Date Requested	
14.	Billing Options	Agency Bill Direct Bill
15.	Term Options	One Year Prepaid Three Years Prepaid
16.	Prior Carrier	
17.	Loss(es) (Past 5 Years)	None \$
18.	Requesting coverage for Independent Contractors (designated agents)?	Yes, please complete II.A. No, please complete II.B.
19.	Is the Plan subject to ERISA? If "No", please explain:	Yes No

* The Plan Sponsor is the organization or business that created and maintains the plan providing retirement or other benefits for its employees. For example, the Plan Sponsor of the ABC Company 401(k) Plan is the ABC Company. In some cases, however, the Plan Sponsor's name may be different than the Plan Name.

II. ERISA BOND LIMIT AMOUNT REQUESTED:

A:

Limit	STATES	
	3 Year Pre-Paid	Annual
\$10,000	\$124	\$100
\$20,000	\$151	\$100
\$50,000	\$227	\$100
\$100,000	\$330	\$122
\$150,000	\$358	\$133
\$250,000	\$413	\$153
\$500,000	\$554	\$205
\$1,000,000	\$826	\$306

B:

STATES		
Limit	3 Year Pre-Paid	Annual
\$10,000	\$100	\$100
\$20,000	\$106	\$100
\$50,000	\$159	\$100
\$100,000	\$231	\$100
\$150,000	\$251	\$100
\$250,000	\$289	\$107
\$500,000	\$387	\$144
\$1,000,000	\$578	\$214

III. FRAUD WARNINGS:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may subject the person to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, or West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a bondholder or claimant for the purpose of defrauding or attempting to defraud the bondholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance bond for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance bond for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Tennessee or Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance bond is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance bond containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A BOND BE ISSUED.

The Insured represents that the information furnished in this application is complete, true and correct. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.

NOTICE TO SOUTH DAKOTA APPLICANTS:

No misrepresentation, omission, concealment of fact, or incorrect statement prevents recovery under the bond or contract unless:

- (1) The misrepresentation, omission, concealment or incorrect statement of fact is fraudulent or an intentional misrepresentation of a material fact; or
- (2) The misrepresentation, omission, concealment of fact or incorrect statement is material either to the acceptance of the risk, or to the hazard assumed by the insurer; or
- (3) The insurer in good faith would either not have issued the bond or contract or would not have issued it at the same premium rate, or would not have issued a bond in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been known to the insurer as required either by the application for the bond or contract or otherwise.

<u>Application Completed By:</u> Name (Print): Signature: Title: Date:	<u>Producer Information (Required in Florida, Iowa and New Hampshire):</u> Producer Name (Print): Producer Signature: Agency Name: Agency Code: License Number:
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