



**FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**

Administrative Office  
1400 American Ln  
Schaumburg, IL 60196

**APPLICATION—  
EMPLOYEE BENEFIT PLANS**

Policy No. \_\_\_\_\_

Application is hereby made by \_\_\_\_\_  
(Full Legal Name of Plan(s))

Mailing Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

(herein called the Applicant) for Employee Theft coverage to become effective as of 12:01 a.m. on \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ (Month, Day, Year)

Name of Sponsor \_\_\_\_\_

Premium payable:  Three years prepaid  Three years in equal annual installments  Annually

**GENERAL INFORMATION**

1. Date Established : \_\_\_\_\_
2. Amount of funds currently handled \$ \_\_\_\_\_ Anticipated amount of funds handled in three (3) years \$ \_\_\_\_\_
3. Has any insurer declined or canceled your fidelity coverage in the last six years? ..... Yes  No   
(not applicable in the state of Missouri) (If "Yes", explain fully on a separate sheet.)
4. Have you sustained any dishonesty losses in the last six years? ..... Yes  No   
(If "Yes", briefly describe each loss, including date, amount and corrective actions taken on a separate sheet.)
5. Total number of fiduciaries (other than independent administrators, financial advisors and investment counselors) to be bonded \_\_\_\_\_  
(a) Are there any employees other than the fiduciaries? ..... Yes  No   
(b) If "Yes", complete the following:  
Number of such other employees handling funds or property \_\_\_\_\_  
Number of all other employees \_\_\_\_\_  
(c) Is your Plan self administered? .... Yes  No
6. Is coverage requested for any party with whom you have contracted or appointed to act in the capacity of Independent Administrator, Financial Advisor or Investment Counselor? ..... Yes  No   
(If "Yes", complete section "Independent Administrator, Financial Advisor, Investment Counselor" below.)

**INTERNAL CONTROLS: NOTE: All "No" answers must be explained on a separate sheet.**

1. Do you have a CPA Audit, at least annually, made in accordance with generally accepted auditing standards and so certified? ..... Yes  No
2. Are bank accounts reconciled monthly by someone not authorized to deposit or withdraw therefrom? ..... Yes  No
3. Is countersignature of checks required? ..... Yes  No
4. Are incoming checks immediately stamped "For Deposit Only" to the credit of applicant? ..... Yes  No
5. Are securities subject to joint control? ..... Yes  No

**NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION**

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.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.

**INDEPENDENT ADMINISTRATOR, FINANCIAL ADVISOR, INVESTMENT COUNSELOR:**

If question 6 under "General Information" is answered "Yes", complete the following:

1. List names below:  
 Independent Administrator \_\_\_\_\_  
 Financial Advisor \_\_\_\_\_  
 Investment Counselor \_\_\_\_\_
  2. Describe the extent of your investigation into the qualifications of these parties to act in the capacity represented above \_\_\_\_\_  
 \_\_\_\_\_
  3. What specific duties will they perform? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  4. How do you test the validity of transactions handled or reported by these parties including the receipt and disbursement of funds? \_\_\_\_\_
  5. Do independent administrators, financial advisors or investment counselors bond their own employees?  
 Yes  No   
 If "Yes", complete the following:
- |                           | Form & Amount | Name of Carrier |
|---------------------------|---------------|-----------------|
| Independent Administrator | _____         | _____           |
| Financial Advisor         | _____         | _____           |
| Investment Counselor      | _____         | _____           |

It is understood that the first premium upon the Policy applied for, and subsequent premiums thereon, are due at the beginning of each premium period, that the Underwriter is entitled to an additional premium because of any unusual increase in the number of Employees and that the Applicant agrees to pay all such premiums promptly.

All those to be bonded (hereafter referred to as "Employees") have, to the best of the Applicant's knowledge and belief, while in the service of the Applicant, always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicates that any of the said Employees are dishonest. Such knowledge as any official signing for the Applicant may now have in respect to his own personal acts or conduct, unknown to the Applicant, is not imputable to the Applicant.

**FRAUD NOTICES: Prior to signing this Proposal Form, please review the following statutory fraud notices as they may apply to the Company's domicile:**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss 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.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

**LOUISIANA:** 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.

**MAINE:** 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.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy 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.

**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 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.

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

**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 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.

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

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

Dated \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**(Agent) EBERTS AND HARRISON, INC**  
1604 Ridgeside Drive, Ste. 203  
Mount Airy, Maryland 21771  
[Dane@Ebertsandharrison.com](mailto:Dane@Ebertsandharrison.com)

\_\_\_\_\_  
(Applicant) (Name and Title)

(FL & IA Only) Licensed Agent or Broker \_\_\_\_\_

(FL Only) License Number \_\_\_\_\_

**Contact Information For Named Insured:**

Telephone No.: \_\_\_\_\_

Fax. No.: \_\_\_\_\_

Email  
Address: \_\_\_\_\_