



# STARKWEATHER & SHEPLEY

INSURANCE CORP. OF MA

an Assurex Global Partner

## Financial Insurance Division

### INVESTMENT ADVISERS ERISA BOND APPLICATION (NON-CUSTODY)

Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Proposed Effective Date of Bond: \_\_\_\_\_

1. Number of Employees: \_\_\_\_\_ 2. Year Established? \_\_\_\_\_
3. Are you registered with the SEC? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you registered with the State? Yes \_\_\_\_\_ No \_\_\_\_\_ State(s): \_\_\_\_\_
4. Does an outside CPA prepare your financial statements? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, check type of statement: Audit \_\_\_\_\_ Review \_\_\_\_\_ Compilation \_\_\_\_\_
5. Does the individual(s) authorized to provide Fiduciary Services for client plans also review the statements of account activity?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_
6. Does every client plan sign an agreement or contract specifying type of fiduciary services to be performed and/or investments to be purchased for their accounts? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, attach specimen. If no, explain \_\_\_\_\_
7. Who maintains custody over the client plans' assets? \_\_\_\_\_
8. Do you take custody of your client's assets: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Your Client's ERISA plan assets? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain \_\_\_\_\_
9. Do you have a related company which takes custody of the assets of clients for whom you also provide investment advice?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is there physical separation between this entity and the Investment Adviser? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what are the circumstances? (Provide details)  
**PLEASE USE A SEPARATE SHEET OF PAPER IF NECESSARY**  
 Are there any common employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the circumstances? (Provide Details): \_\_\_\_\_

10. Do you ever appoint the custodian of your clients plans' assets without client approval?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_
11. Who furnishes the client plans with a summary of account activity? \_\_\_\_\_  
 How often? Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_  
 If the custodian furnishes a summary of account activity, do you receive a copy?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how often? \_\_\_\_\_
12. Does the applicant have knowledge or information of any fact, circumstance or situation which might give rise to a claim under the proposed bond? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, attach details on a separate piece of paper. *You should also report it immediately to your present insurer.* \_\_\_\_\_
13. Has your firm had any employee fidelity losses in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, indicate dates/circumstances/corrective action on a separate piece of paper. \_\_\_\_\_
14. Have you or any of your employees been censured/fined by an regulatory organization or been Subject to any regulatory restriction(s), sanction(s), or complaint(s)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach details. \_\_\_\_\_

**ADDITIONAL INFORMATION**

*Please attach the following to your completed, signed, and dated application:*

1. A list of each ERISA plan to be insured. Please include full plan name and the asset value of each plan.
2. If your client plans hold "employer securities" within the meaning of 29 U.S.C. § 1107(d)(1), provide a separate list of those plans with the same information as in #1. For more information about this new law, please read page 2 of the updated summary of ERISA bonding requirements at [www.starshephi.com](http://www.starshephi.com)

**NOTICE TO NEW YORK APPLICANTS**

The New York State Insurance Department requires that all applicants be informed of New York State Insurance Regulation #95. "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 value of the claim for each such violation."

**NOTICE TO OHIO APPLICANTS**

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 concealing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven (7) years and payment of a fine up to fifteen thousand dollars (\$15,000).

The undersigned applicant hereby affirms that the information rendered herein and attached hereto is current, true and complete.

The undersigned applicant also acknowledges and agrees that by virtue of signing below the applicant accepts its responsibility to notify the Underwriter of any situation which might arise during the Bond period in which the Aggregate Limits of Liability for a Single Loss Occurrence is not sufficient to cover the sum of all of the Single Loss Occurrence Limits of Liability in the amounts required by the Employee Retirement Income Security Act of 1974 for all plans to be insured by the bond for which application is made herein.

Date: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_  
**Must be signed by an officer, partner or principal**