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To: _____
Fax number _____
Pages 2 *(Including this)*
Subject ERISA Bond

From:	<u>Pat Henderson, LUTCF</u>
Fax number	<u>530 345-8621</u>
Phone umber	<u>530 345-9035</u>

Message

Please see attached ERISA bond application. **I will need you to send premium (Payable to Henderson Financial & Insurance Services)** and hard copy to my attention: Please be sure to **include \$50.00 Non refundable** brokerage fee.

Pat Henderson, LUTCF, CCC
676 E First Ave Suite 14
Chico, CA 95926

Once I receive your application I will process your request. If you have any questions please give me a call at 530 345-9035.

Signed  Date _____

INTERNATIONAL FIDELITY INSURANCE COMPANY

1575 Treat Blvd., Ste. 208, Walnut Creek, CA 94598
Tel: (925) 256-8760 Fax: (925) 256-1080

APPLICATION FOR ERISA BOND Employee Retirement Income Security Act of 1974

INFLATION GUARD CLAUSE INCLUDED IN BOND COVERAGE

Agent: Lesron Insurance Agency, Inc., Bond No. _____

Name of Plan(s) to be covered: _____

Address: _____

Effective Date of Bond: _____ #Trustees _____

Total Plan Assets: \$ _____ Total "Non-Qualifying" Assets \$ _____
(If more than 5% of total assets are "non-qualifying", Inflation Guard Coverage is not offered. Submit to Company with Form 5500, Schedule 1)

Amount of Bond: \$ _____ (If over \$250,000, attach Form 5500, Schedule 1)
(Maximum \$500,000.)

Have you sustained any employee dishonesty losses in the last six (6) years? Yes No
Is your Plan audited by a CPA? Yes No

THREE YEAR PREMIUMS BASED ON 5 OR LESS TRUSTEES. BOND AMOUNT SHOULD BE 10% OF AMOUNT OF ASSETS IN PLAN PLUS PROJECTED GROWTH OVER THE THREE YEAR TERM.

<u>Bond Amount</u>	<u>3 Year Premium</u>	<u>Bond Amount</u>	<u>3 Year Premium</u>
\$10,000	\$102	\$125,000	\$269
\$15,000	\$104	\$150,000	\$283
\$20,000	\$118	\$200,000	\$308
\$25,000	\$134	\$250,000	\$333
\$30,000	\$143	\$300,000	\$358
\$40,000	\$163	\$350,000	\$384
\$50,000	\$183	\$400,000	\$408
\$75,000	\$227	\$450,000	\$433
\$100,000	\$255	*\$500,000	\$449

(* \$500,000 limit does not include Inflation Guard Coverage as this is the maximum limit of liability under our Bond.)

For amounts not included above, or for more than 5 Trustees, please call the Company for rates.

The above rates include Inflation Guard Coverage. This coverage automatically provides a limit of liability equal to that required by ERISA, provided that the Applicant purchases the required limit of liability at the inception date of the Bond. This feature eliminates the need to request increases in the bond limit during the three year premium period, and assures compliance with the ERISA requirements.

There is a \$50.00 Non refundable brokerage fee

Signed By: _____ Date: _____

Applicant _____ Agent/Broker _____