



Your Bonding Resource Center!

Erisa Bond Request Application

SUBMISSION INSTRUCTIONS:

- 1) Please fill out the form completely.
- 2) Please read our Privacy Policy at:
<http://www.southwestbonding.com/privacy.html>
- 3) Use one of the following options to send your application to Southwest Bonding:
 - a) Email your application to Jacki Layfield at: info@southwestbonding.com
 - b) Fax your application to Jacki Layfield at: (817) 796-2637
- 4) We will respond to your request Monday–Friday within 24 hours of receiving your application.

If you have any other questions, please feel free to contact us at our Texas location:

Texas

300 Burnett Street #127
Fort Worth, TX 76102
Phone: (817) 509-1511
Fax: (817) 796-2637
info@southwestbonding.com

San Diego

401 West A Street #2230
San Diego, CA 92101
Phone: (619) 231-9522
Fax: (619) 231-9545
sandiego@bondservices.com

Orange County

2700 N. Main St. #1105
Santa Ana, CA 92705
Phone: (888) 558-3007
Fax: (714) 558-8297
orangecounty@bondservices.com

Los Angeles

523 West 6th St. #242
Los Angeles, CA 90014
Phone: (213) 628-2970
Fax: (213) 628-2977
losangeles@bondservices.com

Inland Empire

290 W. Orange Show Rd. #109
San Bernardino, CA 92408
Phone: (909) 890-1409
Fax: (909) 890-4282
sanbernardino@bondservices.com

San Jose

55 South Market St. #1060
San Jose, CA 95113
Phone: (408) 998-5056
Fax: (408) 279-3160
sanjose@bondservices.com

Bay Area / Concord

724 Ferry St.
Martinez, CA 94553
Phone: (925) 370-2330
Fax: (925) 370-2339
norcal@bondservices.com

Sacramento

7221 South Land Park Dr.
Sacramento, CA 95831
Phone: (916) 424-0435
Fax: (916) 424-0437
sacramento@bondservices.com

Arizona

20325 N. 51st Ave. #134
Glendale, AZ 85308
Phone: (623) 362-0601
Fax: (623) 362-2218
az@bondservices.com



ERISA BOND REQUEST INFORMATION SHEET

Type of Bond: ERISA

Bond Amount: _____

Total Plan Assets: _____
(If applicable)

Bond Effective Date: _____

Plan Name: _____
(Name exactly as it is to appear on the bond)

Address: _____

Phone: _____

Years in Business: _____

Trustees Name(s) and Social Security Number(s) (all trustees must indemnify for the bond)

1) Is the Plan serviced by an Independent Administrator? Yes No
If yes, name and address of Administrator: _____

2) Is the Plan annually audited by a CPA? Yes No
If yes, name and address of CPA Firm _____

3) Are two signatures required to withdraw from the Plan? Yes No

4) Does the plan contain non-qualified assets? Yes No
If yes, what are they and what is their value _____

5) Have non-qualified assets been bought or sold in the last 2 years? Yes No

6) What % of the Plan Assets belong to the trustees _____

For bonds over \$500,000 please complete the following financial information for the trustee(s) of the plan

Personal Banking Account Balances: \$ _____

Estimated Net Worth: \$ _____

Personal Real Estate Market Value: \$ _____

Balance Owing: \$ _____

HAVE YOU, YOUR SPOUSE OR COMPANY EVER DECLARED BANKRUPTCY? YES NO
BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? YES NO
FAILED IN ANY BUSINESS VENTURE? YES NO
ARE ANY OF YOUR ASSETS IN A TRUST(S)? YES NO

By completing this form you authorize the surety or its representatives to have the right to examine the credit history of the above name applicant.
