

E-Z ERISA APPLICATION

Agency Name and Code #: Jasper Surety Agency, LLC, 310 Old Country Road, Ste 202, Garden City, NY 11530

Exact Names of All Plans to be covered and Asset Values (\$): _____
 _____ \$
 _____ \$
 _____ \$

Sole Sponsored Plan(s)? Yes No Non-Union Plan(s)? Yes No

Mailing Address: _____

Effective Date of Coverage: _____ Amount of Coverage: \$ _____

Number of Trustees, Fiduciaries, and Employees who handle funds or property of the Plan(s): _____

Number of Participants in the Plan(s): _____ Total Asset Value All Plans: \$ _____

Value of "Non-Qualifying Assets" (as defined by ERISA law) in Plan(s): **(Note: Use \$0 or N/A, if none.)** \$ _____
(Non-Qualifying Assets (NQA's) are assets not held by financial institutions (banks, insurance companies, broker/dealers or mutual fund companies). NQA's include: real estate, limited partnerships, mortgages, unsecured loans, artwork, collectibles and the like.)

Does Plan hold Employer Securities? Yes No If yes, is required bond amount more than \$500,000? Yes No
(Note: Plans holding Employer Securities will require maximum bond amounts of \$1 million for plan beginning years after December 31, 2007. Bonds over \$500,000 do not qualify for the EZ ERISA Program. Please contact your local Fidelity Underwriter for assistance.)

Are the assets of the Plan(s) audited at least annually by an independent CPA or administered by an independent third party administrator? Yes No

Name and address of administrator: _____

Has the requested coverage ever been cancelled, declined or non-renewed? Yes No
If yes, please provide details: _____

Dishonesty Losses past 6 years: Yes No (If yes, attach details.)

Is there prior ERISA coverage to be replaced? Yes No If New Plan, check here:

Carrier: _____ Amount: \$ _____ Exp. Date: _____

Note: The Employee Retirement Income Security Act of 1974 as amended requires the bond amount to be a minimum of 10% of the assets in the plan(s) subject to a maximum of \$500,000 per plan or 100% of the Non-Qualifying Assets in the plan, if they constitute more than 5% of the total plan assets. Use the following chart to determine the three-year prepaid premium for 10 or fewer covered individuals for the amount of coverage selected.

Coverage Amount	3-Year Prepaid Premium	Coverage Amount	3-Year Prepaid Premium
\$ 10,000	\$100	\$200,000	\$302
\$ 25,000	\$131	\$250,000	\$326
\$ 50,000	\$179	\$300,000	\$351
\$ 75,000	\$223	\$350,000	\$375
\$100,000	\$250	\$400,000	\$399
\$125,000	\$264	\$450,000	\$423
\$150,000	\$277	\$500,000	\$448

Please note, Premium Rates are subject to change based on venue/information provided.