

# BOND REQUEST

**PLEASE DESIGNATE THE BOND TYPE YOU NEED OR SEND US A COPY OF THE FORM OR REQUEST YOU RECEIVED:**

UTILITY DEPOSIT BOND (I.E., ELECTRIC, WATER, OR ANY OTHER UTILITIES)

401K, PENSION OR ERISA PLAN BONDS

- DESCRIBE PRODUCTS/SERVICES OF BUSINESS: \_\_\_\_\_
- TOTAL ASSETS IN THE PLAN: \_\_\_\_\_
- ARE REGULAR OUTSIDE AUDITS CONDUCTED ON THE PLAN? \_\_\_\_\_
- DOES PLAN EMPLOY INDEPENDENT ADMINISTRATOR? \_\_\_\_\_
- DOES THE FIDUCIARY INVEST ANY TRUST FUNDS IN THE EMPLOYER'S BUSINESS? \_\_\_\_\_  
(IF THE ADMINISTRATOR OF THE PLAN INVESTS FUNDS BACK INTO YOUR BUSINESS)
- PERCENTAGE OF ASSETS INVESTED IN NON-QUALIFIED INVESTMENTS: \_\_\_\_\_  
(NON-QUALIFIED ASSETS: IF MORE THAN 5% OF THE PLAN ASSETS ARE IN LIMITED PARTNERSHIPS, ARTWORK, COLLECTIBLES, MORTGAGES, REAL ESTATE OR SECURITIES OR "CLOSELY-HELD" COMPANIES AND ARE HELD OUTSIDE OF REGULATED INSTITUTIONS SUCH AS A BANK; AN INSURANCE COMPANY; A REGISTERED BROKER-DEALER OR OTHER ORGANIZATION)

OTHER (PLEASE DESCRIBE): \_\_\_\_\_  
(ADDITIONAL APPLICATIONS MAY BE REQUIRED.)

EFFECTIVE DATE NEEDED: \_\_\_\_\_ LIMIT NEEDED: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OBLIGEE/ELECTRIC COMPANY: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**NOTE: IN ORDER TO RECEIVE A LOWER BOND RATE, PERSONAL AND BUSINESS FINANCIALS MAY BE NEEDED.**

Please fax or email this completed form to our office and one of our team members will contact you for any additional information or questions we may have.

**THANK YOU FOR CONTACTING OUR OFFICE!**

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Phone 813-287-1721 FAX 813-287-1850  
or Email us at [Bonds@BesnardInsurance.Com](mailto:Bonds@BesnardInsurance.Com)

