

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!

3000 Bayport Drive, Suite 400 Tampa, FL 33607
Phone 813-287-1721 FAX 813-287-1850
or Email us at Bonds@BesnardInsurance.Com

