



How to Submit Your Application

Step 1: Complete the application.

- Click into the appropriate fields and enter your information:
- Print the completed form, as you will not be able to save the changes you have made
- If you prefer, you may print the blank form and type in or hand-print your information

Step 2: Submit your Pension Trust ERISA Bond application to Brunswick Companies:

- **Via Email:**
Scan the completed application, as well as any accompanying documents, and email to m.levinson@brunswickcompanies.com
- **Via Fax:**
Fax the documents to **330.864.8661**, Attention: Surety Department



2857 Riviera Drive
Akron, OH 44333
330-864-8800
Fax: 330-864-8661

APPLICATION FOR PENSION TRUST BOND

Plan Name:
Type of Business:
Business Address:
What is the total plan balance? Amount of bond requested* Effective Date:
Is this bond required because more than 5% of plan assets are "non-qualifying"?
Previous Surety:

Information on each fiduciary (Please print)

Name SS# Approximate Net Worth
Name SS# Approximate Net Worth
Name SS# Approximate Net Worth

(Please attach additional names to this application)

Information on the plan

Is the plan audited? Yes No How often? By whom?
Agent recommendation

INDEMNITY

The undersigned applicant and indemnitors hereby request the Company to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application...

- (1) To pay the usual premiums, including renewal premiums, to the Company or its agents, when due.
(2) To completely INDEMNIFY the Company from and against any liability, loss, cost, attorneys' fees and expenses whatsoever which the Company shall at any time sustain as surety...
(3) To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant.
(4) Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship.
(5) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company sworn to by an officer of the Company shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company.
(6) That the Company may decline to become surety on any bond and may cancel or amend any bond without cause and without any liability which might arise therefrom.
(7) That the Company shall, without notice, have the right to alter the penalty, terms and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond.
(8) That if a contract or performance bond is issued hereunder, the undersigned hereby assign to the Company any monies now due or hereafter becoming due under the contract including all deferred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract.
(9) At the Company's discretion, this Indemnity agreement shall be governed in all respects by the laws of the State of South Dakota and the undersigned applicant and indemnitors consent to the jurisdiction of the courts of the State of South Dakota and the United States District Court for the District of South Dakota in all actions or proceedings arising from or relating to this Indemnity agreement.
(10) That this Indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at Sioux Falls, South Dakota 57104 effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant.
(11) In the event of any payment by the Company to pay the Company interest on such amounts at the highest legal rate from the date such payments are made.

Signed this day of

Your CNA Surety Agent is:
Address
City State Zip
Agent's Code

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.