

LEXON INSURANCE COMPANY
660 N. CENTRAL EXPRESSWAY, SUITE 430, PLANO, TEXAS 75074
Tel: (469) 298-0434 Fax: (469) 385-8888

APPLICATION FOR ERISA BOND
Employee Retirement Income Security Act of 1974

INFLATION GUARD CLAUSE INCLUDED IN BOND COVERAGE

Agent: _____ Bond No. _____

Name of Plan(s) to be covered: _____

Address: _____

Effective Date of Bond: _____ #Trustees _____

Total Plan Assets: \$ _____ Total "Non-Qualifying" Assets \$ _____
 (If more than 5% of total assets are "non-qualifying", Inflation Guard Coverage is not offered. Submit to Company with Form 5500, Schedule I)

Amount of Bond: \$ _____ (If over \$250,000, attach Form 5500, Schedule I)

Have you sustained any employee dishonesty losses in the last six (6) years? Yes No
 Is your Plan audited by a CPA? Yes No

THREE YEAR PREMIUMS BASED ON 5 OR LESS TRUSTEES. BOND AMOUNT SHOULD BE 10% OF AMOUNT OF ASSETS IN PLAN PLUS PROJECTED GROWTH OVER THE THREE YEAR TERM.

<u>Bond Amount</u>	<u>3 Year Premium</u>	<u>Bond Amount</u>	<u>3 Year Premium</u>
\$10,000	\$102	\$125,000	\$269
\$15,000	\$104	\$150,000	\$283
\$20,000	\$118	\$200,000	\$308
\$25,000	\$134	\$250,000	\$333
\$30,000	\$143	\$300,000	\$358
\$40,000	\$163	\$350,000	\$384
\$50,000	\$183	\$400,000	\$408
\$75,000	\$227	\$450,000	\$433
\$100,000	\$255	\$500,000	\$449

For amounts not included above, or for more than 5 Trustees, please call the Company for rates.

The above rates include Inflation Guard Coverage. This coverage automatically provides a limit of liability equal to that required by ERISA, provided that the Applicant purchases the required limit of liability at the inception date of the Bond. This feature eliminates the need to request increases in the bond limit during the three year premium period, and assures compliance with the ERISA requirements.

Signed By: _____ Date: _____

Applicant _____

Agent/Broker _____