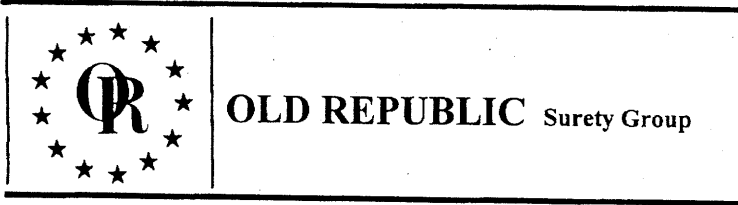


Nielson, Mosholder & Associates
4380 St. Johns Pkwy #110
Sanford, FL 32771
407-688-9385 x11 Fax 407-330-3949

**IMPORTANT: FRAUD WARNING STATEMENTS ON REVERSE
SIDE IF APPLICABLE IN YOUR STATE**



P.O. Box 1635
Milwaukee, WI 53201

**APPLICATION FOR
BLANKET BOND FOR EMPLOYEE BENEFIT PLANS
E.R.I.S.A.**

1. Legal Name(s) of Plan(s): _____

(Must be Defined Contribution)

2 Mailing Address: _____

3. Bond Amount: \$ _____ Effective Date: _____ Term: 1 Year or 3 Years

4. Number of Fiduciaries, Administrators, Officers, and Employees: _____ (Include all people having access and/or control over the funds) / Total Plan Assets: \$ _____

5. List any dishonesty losses experienced in the last six years on a separate sheet. Check if none

Dated this _____ day of _____, _____.

By: _____
(Applicant Agent / Broker)

Reporting Agent: 92-2301