



## FORM 14 BROKER-DEALER FIDELITY BOND

Most broker-dealer firms rely on our Fidelity Bond Program to protect their assets.

Here's why:

- Our Fidelity Bond Program is designed specifically for broker-dealer firms.
- Coverage is included for Registered Representatives.
- ERISA coverage is included up to Fidelity Bond limits and also available upon request for specified in-house pension and profit-sharing plans above Fidelity Bond limits.
- Coverage is included for fraudulent transfer instructions via telephone and email.
- Impersonation Fraud (a.k.a. social engineering) is included.
- Computer Crime rider is available, for an additional cost, which includes 6 separate coverages.
- Financial Services Industry Experts: Our underwriting team has extensive experience in administering insurance products for broker-dealers, and we understand the unique nature of the Securities Industry.

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC  
P.O. Box 850293, Minneapolis, MN 55485-0293

1-800-978-6273

[plsdsteam.service@mercer.com](mailto:plsdsteam.service@mercer.com) | [www.brokerdealercoverage.com](http://www.brokerdealercoverage.com)



## Frequently asked Form 14 Fidelity Bond questions

Q. What is a Fidelity Bond, and why does my firm need one?

A. *A Fidelity Bond insures your firm against intentional fraudulent and dishonest acts committed by your employees and registered representatives under certain specified circumstances. Besides being a FINRA requirement, having a Fidelity Bond just makes good business sense.*

Q. How do I determine what minimum limit of liability I need to carry?

A. *According to Rule 4360 of the FINRA Manual, if your required net capital under SEC Rule 15c3-1 is less than \$250,000, then you are required to carry a Fidelity Bond in the amount of 120 percent of your required net capital or \$100,000, whichever is greater. If your required net capital is \$250,000 or greater, please refer to FINRA Rule 4360 to determine your minimum required bond limit.*

Q. Does this policy satisfy the ERISA Fidelity Bond Requirements for my in-house pension and profit-sharing plans?

A. *Our Fidelity Bond allows you to add these plans at no additional cost, subject to the limit of your firm's Fidelity Bond. If your firm's limit falls short in satisfying your ERISA requirements, you will still need to carry a separate ERISA Bond for those plans unless you choose to increase your firm's Fidelity Bond to the limit of your ERISA requirement. If you require a separate ERISA Bond, Mercer Consumer also offers this product.*

Q. What other products are available to broker-dealer firms?

A. *Mercer Consumer offers a variety of insurance products including Cyber Privacy Liability, Errors and Omissions Liability, Directors and Officers Liability, Employment Practices Liability, Signature Guarantee Medallion Bonds, ERISA Bonds and many more.*

Q. Does the Form 14 Fidelity Bond offer an aggregated limit?

A. *Yes, the standard Form 14 Fidelity bond has an aggregated limit. If you require a policy with unaggregated limits, please apply with our Broker-Dealer Guard (BDG) application, provided your broker-dealer is domiciled in the United States and has had no losses in the past 3 years.*

For more information on these or other products, please contact us at 1-800-978-6273, [plsdsteam.service@mercer.com](mailto:plsdsteam.service@mercer.com) or visit our website at [www.brokerdealercoverage.com](http://www.brokerdealercoverage.com).

*\*Additional conditions of coverage apply according to policy terms which supersede any summarized descriptions. All claims are subject to the full terms and conditions of the policy.*

FINRA® is a registered trademark of Financial Industry Regulatory Authority, Inc.

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, a third-party provider of insurance products, is the Program Administrator. FINRA does not endorse these products and firms are not obligated to use them. Their use does not ensure compliance with FINRA rules or other regulations or laws.

## Features of the Form 14 Broker-Dealer Fidelity Bond

Protection for your firm against intentional and dishonest acts committed by your employees and registered representatives, including coverage for: (A) Fidelity, (B) On Premises, (C) In Transit, (D) Forgery and Alteration, (E) Securities, (F) Counterfeit Currency. Limits available from \$100,000 to \$25 million.

### *Standard Coverages Available:\**

**Fraudulent Transfer Instructions via Telephone & Email** (*additional cost applies*): Covers loss resulting directly from the insured having in good faith, transferred funds from a customer's account, or a customer's certificated securities, in reliance upon a fraudulent instruction transmitted to the insured via telephone or electronic email.

**Computer Crime Coverage Rider** (*additional cost applies*): Six separate coverages included; some are defined below.

- **Computer Systems Fraud:** Covers loss from a fraudulent entry, or change of electronic data or computer program. Applicable to any computer system operated by the insured.
- **Telefacsimile Transfer Fraud:** Covers loss resulting directly from the insured having in good faith, transferred funds, certificated securities or uncertificated securities through a computer system due to their reliance on a fraudulent instruction received through a "Telefacsimile Device."
- **Data Processing Service Operations:** Loss sustained by a Client of the Insured resulting directly from fraudulent entry or change of a covered Computer System or Electronic Data during transmission from the Insured to the Client.
- **Destruction of Data by Hacker:** Loss resulting from the malicious destruction of, or damage to, Electronic Data or Computer Programs owned by the Insured for which the Insured is legally liable.
- **Destruction of Data or Program by Virus:** Covers loss due to a computer virus that causes the insured to transfer, pay or deliver funds or property, establish credit or give any value as the direct result of malicious damage or destruction to the insured's computer system.
- **Voice Computer Systems Fraud:** Loss resulting from charges for voice telephone long-distance toll calls which were incurred due to the fraudulent use or manipulation of an Account Code or System Password required for access to the system owned or leased by the Insured.

**Impersonation Fraud** (a.k.a. social engineering; based upon policy limits, higher sublimits may be available for additional cost): Provides coverage from loss of insureds funds upon fraudulently induced instructions.

**Unauthorized Signatures:** (Aggregate Limit \$25,000; Subject to \$5,000 Deductible) Covers loss resulting from the insured having accepted, paid or cashed any check or withdrawal order made or drawn on a customer's account that bears the signature of one other person than the person whose name and signature is on file with the insured as a signatory on such account.

**Uncollectible Items of Deposit:** (\$25,000 Aggregate; \$5,000 Deductible) Losses resulting from payments of dividends or funds shares, or withdrawals from a customer's account as a direct result of items of deposit that are not paid for any reason.

# FORM 14 FIDELITY BOND APPLICATION

6704208

Application is hereby made by \_\_\_\_\_

(List all Insureds, including Employee Benefit Plans.)

Principal Address \_\_\_\_\_ (herein called Insured)  
(No.) (Street) (City) (State) (ZIP)

for a \_\_\_\_\_ **Financial Institution Bond, Standard Form No. 14**, to become effective as of  
12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_ in the Aggregate Limit of Liability of \$ \_\_\_\_\_

Date Insured was established \_\_\_\_\_ Name of prior carrier \_\_\_\_\_

1. Insured is a (check the appropriate box):

- Stock Broker  Investment Banker  Dealer in Securities (not Dealer in Mortgages or Commercial Paper)
- Investment Trust (not Small Business Investment Co. or Real Estate Investment Trust)  Mutual Fund
- Foundation  Endorsement Fund  Commodity Broker (if Stock Exchange Member)
- Other \_\_\_\_\_

2. Insured is a (check the appropriate box):  Sole Proprietorship  Partnership  Corporation

3. List exchanges which you are a member of:

Name	Name
_____	_____
_____	_____
_____	_____

4. Are you a member of the National Association of Securities Dealers, Inc. ....  Yes  No

5. For all Named Insureds, show the total number of:

No. of

- a) Salaried officers and employees, retained attorneys and persons provided by employment contractors ..... \_\_\_\_\_
- b) NASD Registered Representatives (other than those counted in a) above..... \_\_\_\_\_
- c) Locations (other than the Home Office of the first Named Insured in the U.S., Canada, Puerto Rico and Virgin Islands) ..... \_\_\_\_\_
- d) Locations outside of the U.S., Canada, Puerto Rico and Virgin Islands, list below:

Location	Location
_____	_____
_____	_____
_____	_____

6. Complete the following:

Total Assets

- a) As of latest Dec. 31 ..... \$ \_\_\_\_\_
- b) As of latest June 30 ..... \$ \_\_\_\_\_

7. Complete the following for optional coverages desired:

**Form of Coverage**

**Single Loss Limit**

- a) Is Insuring Agreement D — Forgery or Alteration Coverage desired? .....  Yes  No \$ \_\_\_\_\_
- b) Is Insuring Agreement E — Securities Coverage desired? .....  Yes  No \$ \_\_\_\_\_
- c) Is Extortion — Threats to Persons Coverage desired? .....  Yes  No \$ \_\_\_\_\_

If "Yes," list below locations to be excluded:

Location	Location

**Single Loss Limit**

- d) Is Extortion — Threats to Persons Coverage desired? .....  Yes  No \$ \_\_\_\_\_

If "Yes," list below locations to be excluded:

Location	Location

**Single Loss Limit**

- e) Is Computer Systems Fraud Coverage desired? .....  Yes  No \$ \_\_\_\_\_

If "Yes," complete the following:

(1) Insured's Computer System(s)

For the Computer System(s) you operate, whether owned or leased, complete the following:

a. Number of independent software contractors authorized to design, implement or service programs for your System(s) \_\_\_\_\_

b. Is access to your System(s) by customers or other outside parties permitted? .....  Yes  No

(2) Other Computer System(s)

List below other Computer System(s) for which coverage is desired:

Computer System(s)


- f) Is coverage desired on businesses engaged in the data processing of your checks or other accounting records? .....  Yes  No

If "Yes," list below the name and location of each data processor:

Name & Location	Name & Location

**Single Loss Limit**

- g) If you are a partnership, is coverage desired on your partners? .....  Yes  No \$ \_\_\_\_\_

If "Yes," list below the name of each partner:

Name	Name

8. Are you a direct participant in a depository for the central handling of securities?.....  Yes  No  
 If "Yes," list below the name and location of each depository:

Name & Location	Name & Location

9. For deductibles, complete the following: (NOTE: Deductibles on Insuring Agreement (D) and (E) must be at least equal to that carried on the Basic Bond Coverage. Deductibles on Extortion Coverage may be written in any amount.)

Coverage	Single Loss Deductible
a) All coverages except Insuring Agreement (D), (E) and Extortion.....	\$ _____
b) Insuring Agreement (D) — Forgery or Alteration .....	\$ _____
c) Insuring Agreement (E) — Securities .....	\$ _____
d) Extortion — Threats to Persons .....	\$ _____
e) Extortion — Threats to Property .....	\$ _____

10. If coverage is being written on an excess, concurrent or co-surety basis, show the names of the other carriers and bond limits. In the case of co-surety also show percentage participations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. If coverage is being written on a coinsurance basis, show your percentage participation \_\_\_\_\_%.  
 (Note: Insured may assume a participation of between 5% and 25%.)

12. Are accounts insured by the Securities Investors Protection Corporation?.....  Yes  No

**13. AUDIT PROCEDURES:**

- a) Is there an  annual,  semiannual audit by an independent CPA?.....  Yes  No
- b) If "Yes," is it a complete audit made in accordance with the generally accepted auditing standards and so certified?.....  Yes  No
- c) If the answer to b) is "No," explain the scope of the CPA examination: \_\_\_\_\_  
 \_\_\_\_\_
- d) Is the audit report rendered directly to all partners if a partnership or to the Board of Directors if a corporation?.....  Yes  No
- e) Name and location of CPA \_\_\_\_\_
- f) Date of completion of the last audit by CPA \_\_\_\_\_
- g) Is there a continuous internal audit by an Internal Audit Department? .....  Yes  No
- h) If "Yes," are monthly reports rendered directly to all partners if a partnership or to the Board of Directors if a corporation?.....  Yes  No
- i) Are money and securities actually counted and verified? .....  Yes  No
- j) Are the ledger balances to the credit of customers verified?.....  Yes  No

**14. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):**

- a) Do you require annual vacations of at least two consecutive weeks for all personnel? .....  Yes  No  
 If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Are bank accounts reconciled by someone not authorized to deposit or withdraw? .....  Yes  No

If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) Is countersignature of checks required? .....  Yes  No

If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Are monthly statements (whether or not there was activity in the account) mailed directly to all customers?.....  Yes  No

If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Has there been any change in ownership or management within the past three years?.....  Yes  No

If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Has any insurance been declined or canceled during the past three years?.....  Yes  No

If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. List all losses sustained during the past three years, whether reimbursed or no, from \_\_\_\_\_ to \_\_\_\_\_.  
(month, day, year) (month, day, year)

Check if none.

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss Occurred at other than Main Office state location
		\$	\$	\$	\$	

## FRAUD WARNINGS (Updated 11/11)

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.



**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

### About Our Role and Compensation

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, is acting as the insurance agent and program manager for National Union Fire Insurance Company of Pittsburgh, PA for this type of coverage, and not as your insurance broker. Alternative insurance products may be available in the insurance marketplace. Mercer Consumer is only offering this selected insurer quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing-related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will produce additional information about our compensation and information regarding alternative quotes, upon your request.

You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and entering the security code o4805332 or call us at 1-888-206-5088 for specific details.

### Applicant Warranty

The undersigned is a duly authorized representative of the Applicant and he/she understands and acknowledges that Applicant satisfies the Eligibility Requirements as described on this application and represents that the information furnished in this application is complete, true and accurate. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, on this application or otherwise, shall be grounds for rescission of any bond issued in reliance upon such information.

If CIP is being purchased, the undersigned hereby acknowledges that he/she is aware that the Limit of Liability contained in this bond shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this bond, and the undersigned further acknowledges that legal defense costs that are incurred shall be applied against the deductible amount.

All written statements and materials furnished to the underwriting insurance company by or on behalf of the Applicant in conjunction with this application are incorporated by reference into this application and made part of it.

The insurance for which you are applying is subject to approval by the underwriting insurance company. Receipt of a completed application and/or premium payment does not bind the insurance company to issue coverage to you.

The undersigned also understands and acknowledges the Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, About Our Role and Compensation stated on this application and my signature is acceptance of these terms.

Signature **X** \_\_\_\_\_ Date **X** \_\_\_\_\_

(Applicant)

Print Name **X** \_\_\_\_\_ Title **X** \_\_\_\_\_

### How to Submit Your Application and Pay

1) Mail the completed, signed application and check to:

**Mercer Consumer**  
**P.O. Box 850293**  
**Minneapolis, MN 55485-0293**

2) Fax the completed, signed application to:

**Attn. Fidelity Bond Team 515-365-3005**

3) Visit [www.mercersecureservice.com/386](http://www.mercersecureservice.com/386) to enter your credit card information (AMEX, MasterCard or Visa) and upload this completed, signed application.\*

\*Submission of your credit card information to Mercer does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the Insurer. Payment will be processed upon review and acceptance of your submission.

1-800-978-6273

[www.brokerdealercoverage.com](http://www.brokerdealercoverage.com)

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC

REVISED TO DECEMBER 1993

SA 5870c

Printed in U.S.A.



## QUESTIONNAIRE

1. Please indicate how you acquired this application:

- Direct Mailer  Conference  Website  Requested  Provided by a broker or consultant  
 Other \_\_\_\_\_

2. Prior Insurance: Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_ Annual Premium \_\_\_\_\_

3. Do you currently have any of the following products?

- Cyber Security Liability Insurance?  Yes  No (Expiration Date \_\_\_\_\_)
- Errors & Omissions Liability Insurance?  Yes  No (Expiration Date \_\_\_\_\_)
- Directors & Officers Liability Insurance?  Yes  No (Expiration Date \_\_\_\_\_)
- Fiduciary Liability Insurance?  Yes  No (Expiration Date \_\_\_\_\_)
- Employment Practices Liability Insurance?  Yes  No (Expiration Date \_\_\_\_\_)
- ERISA Bond?  Yes  No (Expiration Date \_\_\_\_\_)
- Signature Guarantee Medallion Bond?  Yes  No (Expiration Date \_\_\_\_\_)
- Business Owners, Workers' Comp, Business Auto, Excess Liability?  Yes  No (Expiration Date \_\_\_\_\_)

4. If you do not currently have these coverages with Mercer Consumer, may we contact you to discuss our product line and obtain additional information to provide you with a quotation of those coverages you have an interest in?  Yes  No

- If "Yes," please provide contact information:

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

5. Would you like to receive email updates regarding Mercer Consumer insurance products and offers?\*

- Yes  No

\* If "Yes," please include email address above.