# COMPLETE APPLICABLE SECTION ON REVERSE

Court.....

License . .

## \*\*\* COMPLETE HIGHLIGHTED INFORMATION\*\*\* \*\*\*[SIGNATURE INSTRUCTIONS LOCATED ON PAGE 3]\*\*\*

**CNA** SURET

www.cnasurety.com

Individual	
Partnership	

Corporation

Form 10 **APPLICATION FOR BOND—ANY KIND** 

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Т ;	imitad	Linh	ilitar	Do:	rtnore	hin	ſ

Susiness Address   Street and Number!   State   Stat	Applicant Name (Exactly as shown on License or Bond) Please pr	rint or type		S	ocial Security	# Date of I	Single
Previous Surety   Yes   No.	tesidence Address (Street and Number)	(City)	(State)	(Zip)	(Telephone #)	(Fax #)	(Email Addres
Properties   Properties   Proposition   Pr	usiness Address (Street and Number)	(City)	(State)	(Zip)	(Telephone #)	(Fax #)	(Email Addres
Check applicable section on the reverse side to see whether a financial statement is necessary.  Check on:   Business Financial Statement   Personal Financial Statement    ASSETS   LIABILITIES    ash (List Banks)   Accounts Payable    Taxes due & accrued    Notes Payable to Bank    Notes Payable	occupation or Business	How long so engaged?	Previous	Surety	Yes No If	yes, give name	and reason for chang
FINANCIAL STATEMENT as of Check applicable section on the reverse side to see whether a financial statement is necessary. Check one:   Business Financial Statement   Personal Financial Statement   ASSETS      ASSETS   LIABILITIES	ype of Bond		Amou	nt of Bon	Effe	ctive Date	
Check applicable section on the reverse side to see whether a financial statement is necessary.  Check on come   Business Financial Statement   Personal Financial Statement    ASSETS   LIABILITIES    Sash (List Banks)   Accounts Payable    Taxes due & accrued    Notes Payable to Bank    Notes Payable to Bank    Notes Payable to Others (Describe)    Mortgage on Real Estate   A    Mortgage on Real Estate   B    Cocounts Receivable   B    Cotal Estate, Homestead   A    Geal Estate, Investment   B    Capital Stock (Paid in)    ToTAL LIABILITIES    Capital Stock (Paid in)    NET WORTH OR SURPLUS    TOTAL SSETS    TOTAL Liabilities and Net Worth    TOTAL SSETS    TOTAL Liabilities and Network    TOTAL SSETS    TOTAL STET    TOTAL	omplete Name and Address of Obligee						
Accounts Payable  Taxes due & accrued  Notes Payable to Bank  Notes Payable to Others (Describe)  Mortgage on Real Estate  A Mortgage on Real Estate  A Mortgage on Real Estate  A Mortgage on Real Estate  B Counts Receivable — Describe  Mortgage on Real Estate  D Other Liabilities — Describe  B Counts Receivable — Describe  Mortgage on Real Estate  D Other Liabilities — Describe  B Counts Receivable — Describe  Mortgage on Real Estate  D Other Liabilities — Describe  Mortgage on Real Estate  D Other Liability — Describe — Describe Mortgage (Park Park Park Park Park Park Park Park	Check applicable section of	on the reverse side to see v				sary.	
Taxes due & accrued Notes Payable to Bank Notes Payable to Others (Describe)  Mortgage on Real Estate A International State International State A International State International State International State International State International State International State International In	ASSETS				LIABILITI	ES	
Taxes due & accrued  Notes Payable to Bank  Notes Payable to Others (Describe)  Mortgage on Real Estate  A decounts Receivable  Gerchandise or Material in Stock  Mortgage on Real Estate  A decounts Receivable  Geal Estate, Homestead  A deal Estate, Investment  B TOTAL LIABILITIES  Capital Stock (Paid in)  NET WORTH OR SURPLUS  TOTAL LIABILITIES  Capital Stock (Paid in)  NET WORTH OR SURPLUS  TOTAL LIABILITIES  Capital Stock (Paid in)  NET WORTH OR SURPLUS  TOTAL LIABILITIES  Undersigned applicant and indemnitors heady request Western Sarety Company, Universal States of Names, Sarety Bending Company of America and any affiliated company to variety this information intention and as needed, on an original basis and to boths and additional information from any source, including obtaining credit reports a line of application, authorises the Company to variety this information in the company of the property of the Company in its reasonable discretion, and pixtly and severally agree.  To completely NURSENITY (Company Of America and any affiliated company to variety this information and as needed, on an original passis and to obtain and additional information from any source, including obtaining credit reports at mee of application, authorises the Company to variety this information of the company of the proposes as determined by the Company in its reasonable discretion, and pixtly and severally agree.  To completely NURSENITY (The Company from and equation and information of the company of the pixtle and the company o	ash (List Banks)	Acc	ounts Payab	le			
Notes Payable to Others (Describe)  Mortgage on Real Estate A B Mortgage on Real Estate A B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe  Mortgage on Real Estate B B Other Liabilities — Describe Des		Tax	es due & acc	crued			
Cotes Receivable — Describe   Mortgage on Real Estate	tocks + Bonds — Describe						
lerchandise or Material in Stock counts Receivable eal Estate, Homestead A eal Estate, Homestead A cal Estate, Investment B Capital Stock (Paid in) NET WORTH OR SURPLUS  OTAL ASSETS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  OTAL ASSETS  TOTAL Liabilities and Net Worth  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  OTAL ASSETS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  OTAL Estabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  OTAL SECTION  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  INDEMNITY  Undersigned applicant and indemnitors beckey request Western Surety Company, Universal Surety of America, Surety Bording Company of America and any affiliated company, their successors or associated to the surplement of the supplementary of the surplementary o	T + D : 11 D :1						
ceounts Receivable eal Estate, Homestead a A a al Estate, Homestead a A a al Estate, Homestead a B b TOTAL LIABILITIES capital Stock (Paid in) NET WORTH OR SURPLUS  COTAL ASSETS  TOTAL Liabilities and Net Worth  Net Income - Two Years Ago Last Year		Mo Mo	rtgage on Ke rtgage on Ro	al Estate		A	
eal Estate, Homestead eal Estate, Investment B TOTAL LIABILITIES capital Stock (Paid in) NET WORTH OR SURPLUS OTAL ASSETS TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  Net Income - Two Years Ago Last Year  INDEMNITY  undersigned applicant and indemnitors hereby request Western Surety Company, Universal Surety of America, Surety Bonding Company of America and any affiliated company, their successors or asspany/companies referred to herein as the "Company" to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this informatication and as needed, on an organic plassia and to obtain additional information from any source, including obtaining credit reports at the time of application, authorize the Company to verify this informatication and as needed, on an organic plassia and to obtain additional information from any source, including obtaining credit reports at the time of application, and plantal any time sustain as surety or by re been surety on this bond or any other legitimate purposes as determined by the Company in a reasonable discretion, and plantally and severally agree.  To completely INDEMNIFY the Company from and against any liability, lose, costs, damages, autorrosy' fees and expenses whatsoever which the Company shall at any time sustain as surety or by re been surety on this bond or any other bond issued for any applicant and or indemnitor, or for the enforcement of this agreement, or in obtaining a release or evidence of the tenders of the company. To furnish the Company with satisfactory and conclusive remaintion evidence that there is no further liability on this bond or any other bond issued for applicant, and the applicant, and the regist to handle or settle any claim or saint in good faith and the Company's decision shall be prima facie evidence of the fact and extent of the incurrence by the Company, shall be be prima f							
and Estate, Investment B Capital Stock (Paid in)  Internative and Fixtures  Capital Stock (Paid in)  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  TOTAL ASSETS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  NET WORTH OR SURPLUS  INDEMITY  Undersigned applicant and indemnitors hereby request Western Surety Company, Universal Surety of America, Surety Bonding Company of America and any affiliated company, their successors or ass pany/companies referred to herein as the "Company" to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this informatic inction and as needed, on an ongaine pass and to obtain additional information from any source, including obtaining reports at the time of application, in any review or renewal, at the time of any to, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree:  To completely INDEMINITY the Company of man ada gainst any in the information of the company in the research of the surety of this bond or any other bond issued for any applicant and or indemnitor, or for the enforcement of this agreement, or in obtaining a release or evidence of termination underspared so whether such liability, lose, costs, damages, attorney's fees and expenses whatevever which the Company of the surety or have been surety or the been surety or this bond or any other bond issued for any other bond issued for applicant, Upon demand by the Company in a manunal value to sairly applicant the surety or any company and decline of any reason of such suretyship.  Upon demand by the Company with satisfactory and conclusive termination e			ет шарппис	b Desci	100		
Capital Stock (Paid in)  NET WORTH OR SURPLUS  TOTAL Liabilities and Net Worth  TOTAL Liabilities and Net Liabilities and Net Labilities and Net Labilities and Net Labilities and Net Labilities and	eal Estate, InvestmentB	TO	ΓAL LIABIL	ITIES			
OTAL ASSETS    Net Income - Two Years Ago		Cap	ital Stock (I	Paid in) _			
Net Income - Two Years Ago Last Year	ther Assets - Describe	NE	T WORTH C	R SURPL	US		
INDEMNITY  undersigned applicant and indemnitors hereby request Western Surety Company, Universal Surety America, Surety Bonding Company of America and any affiliated company, their successors or ass pany/companies referred to herein as the "Company") to become their surety. The undersigned hereby certify the truth of all statements in the application, and prize the Company to verify this information and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any porm, or for any other legitimate purposes as determined by the Company or its agents, when due.  To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due.  To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due.  To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due.  To pay it is a premium is a premium is a premium is a premium in the company or its agents, when due.  To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due.  To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due.  To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due.  To pay premiums, including a release or evidence of the time of any premium in the applicant, under the company of the company of a many reason whatsoever, to deposit current funds with the Company when the Company, the results of the company and release of any premium in the company and release of any indemnity, or a company and premium in the company and release of any indemnity and conditions of any portion and any other prima face evidence of the fact and extent of the liability of the undersigned using a doculative on the undersigned and in the prima face evidence of the fact and exte	OTAL ASSETS	TO'	ΓAL Liabiliti	es and Ne	t Worth		_
AgencySignature & Business/Corporate Title  AddressStreet	pany/companies referred to herein as the "Company") to become their surety, ication and as needed, on an ongoing basis and to obtain additional informati an, or for any other legitimate purposes as determined by the Company in its re To pay premiums, including renewal premiums and any other charges, to the To completely INDEMNIFY the Company from and against any liability, been surety on this bond or any other bond issued for any applicant a regardless of whether such liability, loss, costs, damages, attorneys' fees a To furnish the Company with satisfactory and conclusive termination evider Upon demand by the Company for any reason whatsoever, to deposit curren That the Company shall have the right to handle or settle any claim or s incurred by the Company, shall be prima facie evidence of the fact and exter That the Company shall, without notice, have the right to alter the pena undersigned shall not be affected by the failure of the undersigned to sign collateral obtained and if any party signing this agreement is not bound for That if a contract or performance bond is issued hereunder, the undersigner retained percentage, supplies, tools, plants, equipment and materials due or At the Company's discretion, this indemnity agreement shall be governed in the State of South Dakota and the United States District Court for the Distribution in the event of any payment by the Company, to pay the Company or or than twenty (20) days. In no event, shall any termination notice operate to the date of the Company's never of any payment by the Company to pay the Company interest of the Company interest of the Company to pay the Company interest of the Company interest of the Company is the company interest of the com	The undersigned hereby certify the on from any source, including obtaining asonable discretion, and jointly and see Company or its agents, when due, loss, cost, attorneys' fees and expended or indemnitor, or for the enforcement of the company in an amount in good faith and the Company's to fthe liability of the undersigned to el or amend any bond without cause a lty, terms and conditions of any bond, nor any claim that other in any reason, this agreement will still be hereby assign to the Company any cused on the contract, all respects by the laws of the State of cited of South Dakota in all actions or prore parties so designated, upon written ondiff, bar, discharge, limit, affect of	ruth of all statem gcredit reports a verally agree:  ses whatsoever wement of this agr be caused, by th this bond or any of the sufficient to sat decision shall be be the Company, and without any lial issued for under demnity or security be inding on each a nonies now due of South Dakota an enceedings arising en notice sent regimpair the liability.	ents in the app t the time of ap hich the Com eement, or in e negligence o ther bond issue isinding and cor bility which mi signed, and th ty was obtaine und every other or hereafter b d the undersign from or relatin, istered mail to ty of any party	plication, authorize the oplication, in any review pany shall at any tio obtaining a release or f the Company, ed for applicant, against the Company by neclusive on the undersi ght arise therefrom, is agreement shall appd, nor by the release of party ecoming due under the ned applicant and inden g to this indemnity agree the office of the Compa hereto, for any bonds,	Company to verify to or renewal, at the me sustain as sur- evidence of term reason of such sure gned. An itemized  ly to any such alter any indemnity, nor e contract, includin nuitors consent to the ement, my at Sioux Falls, S	this information at the tin time of any potential or ac ety or by reason of ha ination under such be tyship, statement of loss and exp ed bond. The liability for the return or exchange of g all deferred payments e jurisdiction of the cour- outh Dakota 57103, of not
AddressStreet				Signat	ure & Business/Corpo	orate Title	
Street	Agency						
City State Zip	AddressStreet						"Indemni
	·	lip lip					"Indemni
Agent's Code	Agent's Code						"Indemni

between getting a refusal or having the bond written. Tell us what you know and think of the applicant.

AGENT: Check here if this correspondence was previously faxed or emailed to CNA Surety.

#### IMPORTANT NOTICE

Please discuss with the applicant the potential use of personal credit history to facilitate the underwriting review process.

I	NTERNAL CONTROL	Will Applicant Sign	Is countorsign	ature required?		No Pomilan	Audits?	Yes No
	DATA COMPLETE FOR ALL FIDELITY	Checks? Yes No	By Whom?	ature required:	res r	By Whon	_	res 🔲 No
	SUBMISSIONS OR FOR PUBLIC OFFICIAL OVER \$150,000.	Are bank accounts reconciled	by someone not authori	zed to deposit or	Applicant's N			rged From any
	PUBLIC	withdraw from the accounts?	Yes No		\$		employment Why?	? Yes No
1	OFFICIAL							
	<b>BOND</b> NO FINANCIAL STATEMENT	Net Worth:	Elected D	ate:	Term of		Premium will	be paid:  for term?
_	NECESSARY, APPLICANT SIGN	\$	Appointed				Annually?	ior term?
	APPLICATION OVER \$100,000, INTERNAL CONTROL DATA	Title of Position		Main Sources of C	)rganization's	Funding		
	SECTION OVER \$150,000.	Title of Fosition		Main Boarces or C	organization o	T unumg		
ก	FIDELITY BOND	Purpose or Function of Organ	nization					
4	NO FINANCIAL STATEMENT							
	NECESSARY. COMPLETE INTERNAL CONTROL DATA.							
		Name of deceased (Ward)		Date of death	Date of months	appointment (If ove , please explain dela	r 6 Is applied by.) or trust	cant indebted to the estate? Yes No (If yes,
	DDODATE	TT		TX. TX. T				on an attached sheet.)
7	PROBATE BOND	Has applicant had prior possess (i.e. Power of Attorney, bank		Yes No I	ı yes, piease e	expiain.		
U	NO FINANCIAL STATEMENT	Name and address of attorne	y (If none, do not write t	he bond; submit it	t to our under	writers.)		Telephone #
	NECESSARY. HAVE APPLICANT SIGN							
	THIS APPLICATION.	Will the attorney remain invoduration of this estate?		ssets of estate or t	rust (describe	<u>a)</u>		
			Yes No					
		Name, age, and health status	s of		olicant's relati	onship to		plicant's net worth:
		incompetent  Are guardianship funds to be	used for support of way		ward(s)	0.1	\$	TC
Any	person who, with intent lefraud or knowing that	Yes No Approximat	tely how much per mont	h?		ource of the guardia e the bond; instead r		If an insurance settlement, nderwriter.)
he	is facilitating a fraud nst an insurer, submits	(Please send copy of court ord Who are the heirs of this esta		expenditures.)				ne objected to the
an	application or files a						applicant's	s appointment as fiduciary?  Yes No
dece	n containing a false or eptive statement is	Will any going business of the				equired on the dema	and of an inter	
guilt	ty of insurance fraud.	by fiduciary? (If yes, send a co	opy of court order.)	Yes No	Yes	No Who?		
		Name and address of court:						
		What is the applicant's exper		111111	0			
		what is the applicant's exper	tence in nandling fiducia	ary responsibilitie	s:			
A	$\square$ REFEREE'S $\square$ RECEIVER'S							
4	☐ TRUSTEE'S	Plaintiff		Name and addr	ess of applica	nt's attorney		
	BOND							
	NO FINANCIAL STATEMENT NECESSARY.	Defendant		Name and locat	tion of Court			Applicant's net worth:
	HAVE APPLICANT SIGN THIS APPLICATION.							\$
		Name and location of Court				Name of Defendar	nt	
5	COURT BOND							
	OTHER THAN	Name and address of attorne	у					Order bond, does applicant etion action against him?
	3 AND 4 HAVE APPLICANT SIGN					Yes No		
	THIS APPLICATION.	Explain purpose of bond (sub	mit copy of relevant doc	uments)				
C	LICENSE AND	Net worth:	General liability insura (Give limits)	nce carried?	Yes No	State license numbe	er assigned to	applicant, if applicable:
	PERMIT BOND HAVE APPLICANT SIGN	\$	(Give illinos)			#		
_	THIS APPLICATION.	Serial Number and description	on (Please submit a copy	or sample of the	Date of	instrument Payal	ble to applicar	nt only? Yes No
		form it was on.)				If not	, who is it pay	able to?
т	OST SECURITIES	Are securities endorsed? D	escribe manner of loss			Has notice of los	s been given?	Yes No
	PLEASE HAVE APPLICANT SIGN	☐ Yes ☐ No				When?		hom?
	THIS APPLICATION.	If registered, in whose name?				· ·		involved in a lawsuit?
			Yes No If so,	when?	Yes	s No Was	a judgment o	btained? Yes No
	CERTIFICATE	Vehicle Make	Vehicle Model			Vehicle Year	Vehicle VIN	1
	OF TITLE BOND							
	HAVE APPLICANT SIGN THIS APPLICATION.	Is there a lien or lien holder?	Yes No If	yes, list and expla	in.			

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### Guidelines for Completing and Signing a Form 10 Application For Bond—Any Kind and Form 10-E—Easy Application **CNA** SURET

APPLICATION FOR BOND—ANY KIND  APPLICATION FOR BOND—ANY KIND  Limited Liability Company of the control of the c	OMPLETE APPLICABLE ECTION ON REVERSE	CNA	SLIDETY	For Office Use Only	Application Numbe	r:
Form 10 APPLICATION FOR BOND—ANY KIND Limited Liability Partnership Comparison Services Memory 81.	blic Official 1	CIVA	OUKEII	For Office Use Only		Tankindahari C
APPLICATION FOR BOND—ANY KIND  Limited Liability Company and the desired progression of the control of the cont						
APPLICATION FOR BOND—ANY KIND  Limited Liability Company Lipited Liabi	deces, Receiver, etc	For	m 10			
Entitled Liability Partnership   Color of the partnership   Age   Morerie   Residence Address   Color of the partnership   Color   Color   Color   Color   Residence Address   Color of the partnership   Color   Color   Color   Residence Address   Color of the partnership   Color   Color   Color   Residence Address   Color of the partnership   Color   Color   Residence Address   Color of the partnership   Color of the partnership   Residence Address   Color of the partnership   Color of the partnership   Residence Address   Color of the partnership   Color of the partnership   Residence Address   Color of the partnership   Color of the partnership   Residence Address   Color o		ATION FOR	DOND A	NIV IZINID	Limited Liab	
Application for pursueship, give full names of pursues and roads names) Please prise or type	et Securities 7 APPLIC	ATION FOR	K BUND—A	NT KIND	Limited Liabil	ity Partnership
Sustiness Address  Generated Number)  (Cop)  (State)  (Cop)  (Cop)  (State)  (Cop)  (Cop)  (Cop)  (State)  (Cop)  (State)  (Cop)  (Cop)	Applicant (For partnership, give full names of partners and trade	names) Please print or type		Social Security		Married
Comparison or business   How long so crigaged?   Previous Surrey Use   No Type, upon ame and reason for change.   Previous Surrey Use   No Type, upon ame and reason for change.   Previous Surrey Use   No Type, upon ame and reason for change.   Previous Surrey Use   No Type, upon ame and reason for change.   Previous Surrey Use   No Type, upon ame and reason for change.   Previous Surrey Use   No Type, upon ame and reason for change.   Previous Surrey Use   No Type, upon a me and reason for change.   Previous Surrey Use   No Type, upon a me and reason for change.   Previous Surrey Use   No Type, upon a me and reason for change.   Previous Surrey Use   No Type, upon a me and reason for change.   Previous Surrey Use   No Type, upon a me and reason for change.   Previous Surrey Use   No Type, upon a me and reason for change.   Previous Surrey Use   No Type, upon a me and reason for change.   Previous Surrey Use   Previous Surrey Use S	(Street and Number)	(City)	(State)	(Zip)	Telephone #)	
Decomposition or business   How long so engaged?   Previous Burney   Ves   No   Tyre, pre name and reason for change.						
TINANCIAL STATEMENT as of  Check applicable section on the reverse side to see whether a financial statement is necessary.  Check out. [] Dastiness Financial Statement  ASSETS  LABILITIES  LABILITIE						son for change.
FINANCIAL STATEMENT as of  Check applicable section on the reverse side to see whether a financial statement is necessary.  Check one:    Description   Description	Type of Bond		Amount	of Bond Eff	ective Date	
Check applicable section on the reverse side to see whether a financial statement is necessary.  Check one:	Complete name and address of Obligee					
Check one: Describe  ASSETS  Accourts Payable   ABRITTES  Land (List Banks)   Accourts Payable   ABRITTES  Notes Payable to Dank   Accourts Payable   ABRITTES   Accourts Payable to Dank   Accourts Payable to Dank						
ASSETS  Accounts Payable  Accounts Payable  Accounts Payable  Accounts Payable  Accounts Payable  Notes Payable to Bank  Notes Payable to Bank  Notes Payable to Bank  Notes Payable to Bank  Mortagge on Real Estate  A Mortagge on Real Estate  A Describe  Mortagge on Real Estate  A Describe  Mortagge on Real Estate  B Worth Mortag						
Last Caccurs Payable    Accourse Payable		ness Financial Staten	nent Per			
Sicks + Bonds — Describe    Notes Papable to Bank   No					TIES	
Sincisks = Bonds = Describe	Cash (List Banks)					
Notes Payable to Others (Describe)  Mortgage on Real Estate  A Mortgage on Real Estate  A Mortgage on Real Estate  A Mortgage on Real Estate  B Mortgage on						
Mortgage on Real Estate   Mortgage on Real Estate   Mortgage on Real Estate   Mortgage on Real Estate   Bell   Mortgage on Real Estate   Mortgage on Real Estate   Bell   Mortgage on Real Estate   Be	itocks + Bonds — Describe					
Merchandise or Material in Nock Courses Receivable A Beat Estate, Homestead A College Listeds, Homestead A College Listeds College						
Accounts Receivable  Actal Estate, Investment  B  TOTAL LABILITIES  Copial SOCK (Paid in)  NET WORTH OR SUPPLIS  TOTAL LABILITIES  Copial SOCK (Paid in)  NET WORTH OR SUPPLIS  TOTAL LABILITIES  Copial SOCK (Paid in)  NET WORTH OR SUPPLIS  TOTAL LABILITIES  Copial SOCK (Paid in)  NET WORTH OR SUPPLIS  TOTAL LABILITIES  Copial SOCK (Paid in)  NET WORTH OR SUPPLIS  TOTAL LABILITIES  Copial SOCK (Paid in)  NET WORTH OR SUPPLIS  TOTAL LABILITIES  Last Year  NET WORTH OR SUPPLIS  Last Year  NET WORTH OR SUPPLIS  Last Year  NET WORTH OR SUPPLIS  TOTAL LABILITIES  Last Year  NET WORTH OR SUPPLIS  Last Year  NET WORTH OR SUPPLIS  TOTAL LABILITIES  NOTE TO YEAR YEAR  NET WORTH OR SUPPLIS  TOTAL LABILITIES  NET WORTH OR S						
Real Estate, Homestend A Capital Society (Part of the Capital Society (Par					в	
Real Estate, Investment  TOTAL LIABILITIES  Capital Stock, (Find in)  NET WORTH OR SUPPLIES  TOTAL LIABILITIES  Capital Stock, (Find in)  NET WORTH OR SUPPLIES  TOTAL LIABILITIES  Capital Stock, (Find in)  NET WORTH OR SUPPLIES  TOTAL LIABILITIES  TOTAL Assistance of the Company of the Comp			Other Liabilities -	Describe		
Capital Stock (Plaid in Month Assets Describe   Capital Stock (Plaid in Month Assets Describe   Collection Col			TOTAL LIABILET	TES		
NET WORTH OR SUPPLIS  TOTAL ASSETS  IN CONTROL ASSE						
Trivis Sales - Two Years Ago	Other Assets - Describe					
The state of the s	TOTAL ASSETS	-				
The interface of a position of the description of the company of t	Gross Sales - Two Years Ago Last Y	'ear	Net Income - Two	Years Ago	Last Year	
Steet  City State ZEP  Agent's Code  AGENT'S RECOMMENDATION  Our recommendation will be helpful and may be the difference between getting a refusal or having the bond written. Tell us what you know and this  the applicant.  AGENT: Check here if this correspondence was previously faxed to CNA Surety.		in of the graph could agree a consistency of the consistency of the conforcement of the consistency of the conforcement of this agree of the consistency of the consi	supposes a oceanment on you be sealed expressed whatsoever represented, or in obtaining a represented, or in obtaining a represented with the medigence of the Consput shifty on this band or any other statement of loss and expensions to cause and without may liability bood insued for understand, and the same of the control of the Salae of South Dakers and the Salae of South Salae Sa	onpain in a resocuter discr.  which the Company shall at a lease or evidence of terminate the control of this specence shall apply so therefore the terminate location of this specence shall apply so the terminate location of the specence shall apply so the terminate location of the specific of	to the control and several	uits agree or by reason of havis partition of whether sur hip. Company, shall be prin all deferred payments as trisdiction of the courts trition date thereafter upon "Indemnitor."
Agent's Code	Address			(2)		
Agent's Code  Agent's Code  AGENT'S RECOMMENDATION  Our recommendation will be helpful and may be the difference between getting a refusal or having the bond written. Tell us what you know and thin the applicant.  GENT: Check here if this correspondence was previously faxed to CNA Surety.	Street		1.			
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	om 10-8-2003 © WSCo. 2003					

- sole owner and spouse should sign Section Two  ${\mathbb O}$  before the word "Indemnitor". When providing financial statements, separate business and personal statements are preferable.
- PARTNERSHIP—Each partner and his or her spouse should sign Section Two 2 before the word "Indemnitor". If additional personal indemnity is required, the individual may sign their name and write the word "Indemnitor" after their name in their own handwriting. When providing financial statements, send a financial statement for the partnership along with personal statements for each partner.
- CORPORATION—An officer should first sign Section Two ② on behalf of the corporation (indicating his/her corporate title; however, "owner" is NOT an acceptable title) and then sign a second time as a personal indemnitor, before the word "Indemnitor". All other owners should also sign as personal indemnitors before the word "Indemnitor" on each line. \*In most cases, the owners' spouses also need to sign. If additional personal indemnity is required, the individual may sign their name and write the word "Indemnitor" after their name in their own handwriting. When providing financial information, supply a corporate financial statement along with individual financial statements and current addresses for the owners.
- LIMITED LIABILITY COMPANY (LLC) OR PARTNERSHIP (LLP)—An authorized manager, member, or partner should first sign on behalf of the Limited Liability Company or Partnership (indicating his/her company/partnership title; however, "owner" is NOT an acceptable title) and then sign a second time as a personal indemnitor, before the word "Indemnitor". All other members/owners/partners should also sign as personal indemnitors before the word "Indemnitor" on each line. In most cases the members'/owners'/partners' spouses also need to sign. If additional personal indemnity is required, the individual may sign their name and write the word "Indemnitor" after their name in their own handwriting
- OUTSIDE INDEMNITY (Relatives, Friends, etc.)—When outside indemnity is required, the proposed indemnitors should sign Section Two ② below the applicants' signature(s) and before the word "Indemnitor". If additional personal indemnity is required, the individual may sign their name and write the word "Indemnitor" after their name in their own handwriting. The outside indemnitors should provide their personal financial statements and current addresses.

We have examples showing five ways to sign an application.

	a)	INDIVIDUAL OR SOLE PROPRIETORSHIP
	/	Complete Section One ① in the Individual's name showing the business
	_	trade name, if there is one, e.g. John Doe DBA Doe Company.
	(2)	Signed this 20th day of april , 20/2
	Ĭ	,
	-	Signature & Business/Corporate/Title
	1	
	1	Jane Doe "Indemnitor"
	1	NOTE: Personal indemnitors should sign their names before the word "indemnitor".
1		
- 1	b)	PARTNERSHIP
		Complete Section One ① using the full names of all partners indicating the business trade name, e.g. John Doe and James Doe DBA Doe
-		Company.
1	(2)	Signed this 20th day of, 20/2
/	$\mathcal{I}$	- ,
١ /	/	Signature & Business/Corporate Title
/		
′		James Voe "Indemnitor"
		Jane Doe "Indemnitor"
\		Ann De Indemnitor
\		NOTE: Personal indemnitors should sign their names before the word "indemnitor".
\		1012. Totalia indeminate atom and manera atom and indeminate.
,	( c)	CORPORATION
\	\ \	Complete Section One ① using the name of the corporation only, e.g.
1	\_	Doe Corporation, Inc.
.1	(2)	Signed this 20th day of, 20/2
П	_	John Doe, President
11		Signature & Business/Corporate Title
Ш		
$\Pi$		James Voe "Indemnitor"
11		Jane Doe "Indemnitor"
11		* Ann Doe Indomitor
11		NOTE: Personal indemnitors should sign their names before the word "indemnitor".
	\	* In some cases the owners' spouses may also need to sign.
	d)	LIMITED LIABILITY COMPANY (LLC) OR PARTNERSHIP (LLP)
	1	Complete Section One $\odot$ in the name of the limited liability company or partnership only, e.g. Doe Company, LLC or Doe Company, LLP.
1	1	20.1
- 1		
- 1	(2)	John Dol, Manager  Signature & Business/Corporate Title
1		"Indemnitor"
		James Ooe "Indemnitor"
		*
		Jane Doe "Indemnitor"
	\	* Ann Doe, Indemnitor
		NOTE: Personal indemnitors should sign their names before the word "indemnitor".
	١.	* In some cases the members/owners/partners' spouses may also need to sign.
	(e)	OUTSIDE INDEMNITY (Relatives, Friends, etc.)
	1	Complete Section One ① in the applicant's name following (a), (b) or (c) above.
		Signed this 20th day of april , 20/2
	(2)	bighed this,,
	_	Signature & Business/Corporate Title
		"Indemnitor"
		Que Doe "Indemnitor"
		Inch and India
		NOTE: Personal indemnitors should sign their names before the word "indemnitor"
		TANZETE, E EL SONAT INDENIMIDOTS SUOMIO SINTENIMEN DAMIES DETOTE LINE WOLD, INDENIMILOT.

Financial statements may be submitted on the FORM 10 APPLICATION or on CNA Surety's Form #60—Financial Statement. Copies of Bank or Accountant prepared financial statements are also acceptable.



#### **Cancellation Guidelines**

To assist in understanding the numerous and diverse rules for bond cancellations, we have developed the following guidelines. There are many exceptions to the rules, so please contact your underwriting office with any specific questions.

- 1. First year premiums are usually considered fully earned.
- 2. Bonds that renew with a renewal bond or continuation certificate (in other words they're not continuous in nature) are cancellable upon the return of the original bond, renewal bond or continuation certificate. In the absence of the original renewal document, send written verification from the obligee (state, county, city, etc.) that the bond was not filed or used.
- 3. Many continuous bonds contain a cancellation clause which allows us to send notice of cancellation or nonrenewal to the obligee. Our notice must comply with the terms of the cancellation clause and conform to any applicable state laws. You can normally determine if there is a cancellation clause by reading the bond form.
- 4. Some continuous bonds **do not** contain a cancellation clause, so the only way we can cancel them is upon receipt of a letter of release from the obligee. The obligee's letter should state the principal's name, bond number, and the date our liability is considered terminated.
- 5. Probate Bonds usually require a court order to terminate our liability. Send us a copy of the Final Order of Discharge to cancel this type of bond.
- Public Official Bonds written to coincide with a term of office require a signed letter of release from an official of the jurisdiction. That official must have the proper authority to release the bond.
- 7. Many state laws have been enacted in recent years which restrict us from effecting cancellation or nonrenewal except under specified circumstances. Providing us with a reason for cancellation is helpful for determining if we are allowed by law to do so.

Please contact your underwriting office if you would like to have any of these rules explained in more detail or if you have a question about how the above rules affect a specific bond.

P. O. Box 5077 Sioux Falls, SD 57117-5077 1-800-331-6053 Fax 1-605-335-0357