COMPLETE APPLICABLE
SECTION ON REVERSE
Secti Public Official

Referee, Receiver, etc.

Lost Securities 7

Real Estate, Investment

Furniture and Fixtures _

Other Assets - Describe TOTAL ASSETS

Section



www.cnasurety.com

Form 10

Individual Partnership Corporation Limited Liability Company Limited Liability Partnership

APPLICATION FOR BOND—ANY KIND

Applicant Name (Exactly	as shown on License or Bond) Please p	print or type				Social Secu	rity #	Date of Birth	Married Single	
Residence Address (Sta	reet and Number)	(City)		(State)	(Zip)	(Telephon	e #)	(Fax #)	(Email Address)	
Business Address (Sta	reet and Number)	(City)		(State)	(Zip)	(Telephon	e #)	(Fax #)	(Email Address)	
Occupation or Business		How long so engag	ed? P	revious Su	rety	Yes No	D If yes, give	e name and reaso	n for change.	
Type of Bond				Amount	of Bo	nd	Effective	Date		
Complete Name and Ad	dress of Obligee						•			
	FINANCIAL S Check applicable <u>sect</u> ion	TATEMENT as of	-				necessary			
	~~ —	siness Financial Stater					-	•		
	ASSETS					LIAF	BILITIES			
Cash (List Banks)			Account	s Payable						
Stocks + Bonds — Descri	ibe		Taxes d Notes P	ue & accrue ayable to B	ed ank					
Notes Receivable — Describe				Notes Payable to Others (Describe)						
	n Stock		Mortgag	ge on Real I	Estate			B		
			Other L	iabilities —	Descr	ibe				
Real Estate, Homestead	A									

INDEMNITY

TOTAL LIABILITIES

Capital Stock (Paid in) NET WORTH OR SURPLUS

TOTAL Liabilities and Net Worth

Net Income - Two Years Ago

The 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 assigns (with such
company/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 information at the time of
application 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 potential or actual
claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree:
(1) The new manufacture is the data in the contract of the con

- (1)
- (3) (4) (5)

B

(6) (7)

 Cathon and as network, of all objects as determined by the Company in its reasonable discretion, and jointly dargete:
To pay premiums, including renewal premiums and any other charges, to the Company or its agents, when due,
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 or by reason of having 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 termination under such bonds, regardless of whether such liability, loss, cost, attorneys' fees and expenses whatsoever which the company,
To furnish the Company for any reason whatsoever, to deposit current funds with the Company in a amount sufficient to satisfy any claim against the Company, by reason of such suretyship,
That the Company shall have the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding and conclusive on the undersigned. An itemized statement of loss and expenses incurred by 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. The liability of the undersigned to the Company, shall be prima facie evidence of the fact and extent of the liability of the indemnity or security was obtained, nor by the release of any indemnity, nor the return or exchange of any collaries and the undersigned to sign any bond, nor any claim that other indemnity or security was obtained, nor by the release of any indemnity, nor the return or exchange of any collared ablal not be affected by the failure of the undersigned hordy assign to the Company any monies now due or hereafter becoming due under the contract, including all deferred payments and conditions of nany partents.
At t (8)

(9)

(10)

(11)

Gross Sales - Two Years Ago _____ Last Year __

Agency		
Address	Street	
City	State	Zip
Agent's Code		

AGENT'S RECOMMENDATION

Your recommendation will be helpful and may be the difference between getting a refusal or having the bond written. Tell us what you know and think of the applicant.

Note: Personal indemnitors should print and sign their names before the word "indemnitor" in their own handwriting, e.g. John Doe Unter Die "Indemnitor"

Signature & Business/Corporate Title

"Indemnitor"

"Indemnitor"

"Indemnitor"

Last Year

IMPORTANT NOTICE

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

PUBLIC OFFICIAL BOND	Net Worth: \$	Elected Appointed	Date:	Term of C	office:	Premium will be Annually?	
NO FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN APPLICATION IF \$75,000	Title of Position		Main Sources of Or	rganization's F	unding		
OR MORE.	Purpose or Function of Organiz	ation					
2 FIDELITY BOND		ill applicant sign ecks? 🚺 Yes 🔲 N	Is countersignature By whom?	e required?	Yes No	Regular audits? By whom?	Yes No
NO FINANCIAL STATEMENT NECESSARY.	Are bank accounts reconciled b or withdraw from the accounts?		ized to deposit Ev	ver discharged t	from any employn	nent? Yes	No Why?
	Last position held? Reason for leaving?				How long in pres position?	sent Ap \$	plicant's net worth:
	Name of deceased (Ward)		Date of death		ppointment (If ove blease explain dela	iy.) or trust?	nt indebted to the estate Yes No (If yes, n an attached sheet.)
PROBATE BOND	Has applicant had prior possess	ion of estate assets?	Yes No I	f yes, please ex	xplain.		
NO FINANCIAL STATEMENT NECESSARY.	Name and address of attorney (If none, do not write	the bond; submit it to o	our underwriter	s.)		Telephone #
HAVE PRINCIPAL SIGN THIS APPLICATION.	Will the attorney remain involve duration of this estate?		Assets of estate or tru	ist (describe)			
	Name, age, and health status of minor(s) incompetent			licant's relation deceased ward(s)	-	\$	licant's net worth:
	Are guardianship funds to be us Yes No Approxima (Please send copy of court orde	ately how much per m	onth?		ource of the guard te the bond; instea	nd refer it to an un	*
	Who are the heirs of this estate					applicant's	e objected to the appointment as fiduciary? Yes No
	Will any going business (exclud by fiduciary? (If yes, send a cop	· · · –			uired on the dema No Who?	ind of an intereste	d person?
	Name and address of court:						
	What is the applicant's experier	ice in handling fiducia	ary responsibilities?				
REFEREE'S RECEIVER'S	Plaintiff	1	Name and address of pr	rincipal's attorr	ney		
TRUSTEE'S BOND NO FINANCIAL STATEMENT NECESSARY.	Defendant	1	Name and location of C	Court		A \$	pplicant's net worth:
HAVE PRINCIPAL SIGN THIS APPLICATION.	Name and location of Court				Name of Defenda	int	
5 COURT BOND OTHER THAN 3 AND 4	Name and address of attorney				anticipate a forec		er bond, does applicant on action against him? or underwriting.
FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN	Explain purpose of bond (subm	it copy of relevant do	cuments)				
THIS APPLICATION. LICENSE AND PERMIT BOND		General liability insur (Give limits)	ance carried?	es 🔲 No S		er assigned to app	licant, if applicable:
FINANCIAL STATEMENT NECESSARY WHERE STATE IS THE OBLIGEE. HAVE PRINCIPAL SIGN	Serial Number and description (form it was on.)	· · ·	-	Date of	If n	able to applicant of ot, who is it payab	ble to?
THIS APPLICATION.	Are securities endorsed? De	scribe manner of loss			Has not When?	tice of loss been g To Who	
7 CERTIFICATE OF TITLE BOND FINANCIAL STATEMENT	If registered, in whose name?	If a check, has pay	ment been stopped?		of trust or note, h		volved in a lawsuit?
HAVE PRINCIPAL SIGN HAVE PRINCIPAL SIGN THIS APPLICATION.	Vehicle Make	Vehicle Mod	el	v	ehicle Year	Vehicle VIN	
	Is there a lien or lien holder?	Yes No If	yes, list and explain.				

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P.O. Box 5077 Sioux Falls, South Dakota 57117-5077 1-800-331-6053 FAX 1-605-335-0357 www.cnasurety.com

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

	Form CATION FOR I	10		Limited Liab	Individual Partnership Corporation ability Company ility Partnership		
Applicant (For parinership, give full names of partners and trade	names) Please print or type		Social Security	# Age	Married Single		
(Street and Number)	(City)	(State)	(Zip)	(Telephone #)			
Business Address	(63(9)	(John)	(2.9)	(Telephone V)			
(Street and Number)	(City)	(State)		(Telephone #)			
Occupation or business	How long so engaged	? Previous Surety	Yes No I	yes, give name and r	eason for change.		
Type of Bond		Amount of I	Bond Ef	fective Date			
Complete name and address of Obligee							
Check applicable section	STATEMENT as on n on the reverse side to spiness Financial Statement	ee whether a financi	al statement is ner nal Financial State				
ASSETS	itesy i manena statemen		LIABILI				
Cash (List Banks)	A	accounts Payable					
		axes due & accrued					
Stocks + Bonds - Describe		lotes Payable to Ban lotes Payable to Oth					
Notes Receivable - Describe		fortgage on Real Es		4			
Merchandise or Material in Stock		fortgage on Real Es		В			
Accounts Receivable		Other Liabilities - D					
Real Estate, Homestead A							
Real Estate, Investment B	Т	OTAL LIABILITIE	S				
Furniture and Fixtures	0	Capital Stock (Paid in)					
Other Assets - Describe		NET WORTH OR SURPLUS					
TOTAL ASSETS	Т	OTAL Liabilities ar	nd Net Worth	· · · · · ·			
The undersigned applicant and indermines hereby regions Western Source Con- moving the hereby work by the tot of all autoentests in the application, name opplications, in any review or network, at the time of any potential or actual data 11. To for the total premisma, including reviewal premamin, no the Congra- tion and the state of the state of the state of the state of the here searchy and the state of the state of the state of the state 11. To further the Company with housing and the state institution in the state of the company with housing and the state institution of the state of the company with housing and the state institution of the state of the company with housing and the state institution of the state of the company with state of the state of the state institution of the state of the state institution of the state of the state institution of the state	for the enforcement of this agrees for the enforcement of this agrees decce that there is no further liability	regigence of the Company, y on this bend or any other bor	th the Company shall at to or svidence of termina rd issued for proticant.	any time sustain as sur- iton under cosh bouder (ety or by reason of having regardless of whether such		
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¹⁰ Training Company and summarize part and subset of the summarized sector of the summarize	mil is good faith. An iteratived state the Company, angel or amend any bood without ca signed hereby assign to the Compa or sized on the countral, two of the 20 strett of Search Dislets in all actions or dominister upon write st on such Signed th			e any such altered beed, any such altered beed, including detentions consent so the astronomy.			
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HELPFUL HINTS

- a) INDIVIDUAL OR SOLE PROPRIETORSHIP—The individual or sole owner and spouse should sign Section Two ② before the word "Indemnitor". When providing financial statements, separate business and personal statements are preferable.
- b) 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.
- c) 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.
- d) 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.
- e) 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.

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				Q.	no Da	Indemn
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Sıgr	ned this	_ & -	_ day of	Ju	ne	,
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				<u>O</u>	ne Dre	. "Indemn
				Ja.	ne Doe	2 "Indemn

NOTE: 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.

CNA SURETY

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.
- 6. 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

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