COMPLETE APPLICABLE



E~~	Office	1100	Only	

CNA SURETY	
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se Uniy	
	Individual 🗌

Application Number:

Partnership [
Corporation

COMPLETE APPLICABLE SECTION ON REVERSE	G	.V/.	SURETY	For Office Use	Only			
Section Public Official 1			OKETT	7 07 071100 000	O,			vidual [
Fidelity								ership [
Referee, Receiver, etc 4 Court 5			n 10					ration [
Li C	NOITA	FOR	BOND—AN	Y KIND			ability Con oility Partne	npany [
Applicant (For partnership, give full names of partners and trade	names) Please prir	nt or type		Social Secu		Age	Mar	rried gle
Residence Address		~·· \	(6:)	(7:)	(T. 1. 1	115		
(Street and Number) Business Address	((City)	(State)	(Zip)	(Telepho	one #)		
(Street and Number)	((City)	(State)	(Zip)	(Telepho	ne #		
Occupation or business	How long se		<u> </u>	y Yes N			eason for cha	nge
occupation of business	Trow long s	o engag	ea. Trevious surety	, _ 103 _ 11	o ii yes, giv	e name and i	cason for cha	nge.
Type of Bond			Amount of	Bond	Effective	Date		
Complete name and address of Obligee								
FINANCIAL	 STATEME	NT as	of					
Check applicable section	_		-					
			ent Perso		-			
ASSETS				LIAI	BILITIES			
Cash (List Banks)	1		Accounts Payable					\top
			Taxes due & accrued	1				
Stocks + Bonds — Describe			Notes Payable to Bar					
			Notes Payable to Oth					
Notes Receivable — Describe			Mortgage on Real E					
Merchandise or Material in Stock			Mortgage on Real E					
Accounts Receivable			Other Liabilities — I					
Real Estate, Homestead A								
Real Estate, InvestmentB			TOTAL LIABILITI	ES				
Furniture and Fixtures			Capital Stock (Paid i					
Other Assets - Describe			NET WORTH OR S					
TOTAL ASSETS			TOTAL Liabilities a	nd Net Worth				
Gross Sales - Two Years Ago Last Y	√ear	ı				Last Yea	ır	
Closs Saics - Two Tears Ago Last I	cai		MNITY	cars Ago		_ Last 1 Ca		
The undersigned applicant and indemnitors hereby request Western Surety Corundersigned hereby certify the truth of all statements in the application, authori application, in any review or renewal, at the time of any potential or actual clai	npany or any affiliate ze the Company to vo	ed company erify this in	(with such company/companies formation and to obtain addition	referred to herein as	the "Company")) to become sur	rety for the above	ve bond. T at the time
 To pay the usual premiums, including renewal premiums, to the Compan 	y or its agents, when	due,						on of hovi
(2) To completely INDEMNIFY the Company from and against any lial been surety on this bond or any other bond issued for applicant, or	for the enforcement	of this agr	eement, or in obtaining a rele	ase or evidence of te	rmination unde	r such bonds;	regardless of w	on of navi
liability, loss, costs, damages, attorneys' fees and expenses are caused To furnish the Company with satisfactory and conclusive termination evid	dence that there is no	further liab	ility on this bond or any other be	ond issued for applica				
 (4) Upon demand by the Company for any reason whatsoever, to deposit cur (5) That the Company shall have the right to handle or settle any claim or settle. 	suit in good faith. An	ompany in a n itemized s	an amount sufficient to satisfy ar tatement of loss and expense in	ny claim against the C curred by the Compa	company by reason, sworn to by	on of such sure an officer of t	etyship, the Company, sh	hall be prii
facie evidence of the fact and extent of the liability of the undersigned to	the Company,	and without	aguag and without any lightlity	which might onice the				
 (7) That the Company may decline to decoine surely on any both and may cell (7) That the Company shall, without notice, have the right to alter the penalt (8) That if a contract or performance bond is issued hereunder, the unders retained percentage, supplies, tools, plants, equipment and materials due (9) At the Company's discretion, this indemnity agreement shall be governed the State of South Dakota and the United States District Court for the Dis 	y, terms and condition	ns of any bo	and issued for undersigned, and	this agreement shall a	pply to any such	altered bond,	o all deferred n	navments a
retained percentage, supplies, tools, plants, equipment and materials due (9) At the Company's discretion, this indemnity agreement shall be governed	or used on the contract	ct, e laws of th	e State of South Dakota and the	undersioned applican	t and indemnitor	s consent to the	e jurisdiction of	the courts
the State of South Dakota and the United States District Court for the Dis (10) That this indemnity may be cancelled as to subsequent liability by an in	trict of South Dakota	in all action	ns or proceedings arising from o	or relating to this inde	mnity agreement	i,	e juriourettori or	araaftar un
which the Commany could have cancelled all bonds in force for applicant, (11) In the event of any payment by the Company, to pay the Company intere amounts at the highest legal rate from the date such payments are made.	,		this					_
and the ingress regarding from the date such payments are made.								
Agency								
Address								
Street								
City State	Zip							
Agent's Code	r	Note:	Personal indemnitors shoul	d sign their names	and add the u	ord "indemn	itor" in their	own
Agent 8 Code			vriting, e.g. John De,		and add the W	. oru mucilli		O 4411
<u>l</u>								

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.

Net Worth: Term of Office: Date: Premium will be paid: Elected ☐ Annually? ☐ for term? Appointed **BOND** NO FINANCIAL STATEMENT NECESSARY. Title of Position Main Sources of Organization's Funding Purpose or Function of Organization FIDELITY **BOND** Will applicant sign Regular audits?
Yes
No Annual Salary Is countersignature required? ☐ Yes ☐ No NO FINANCIAL STATEMENT checks?

Yes

No By whom? By whom? NECESSARY. Are bank accounts reconciled by someone not authorized to deposit Ever discharged from any employment? ☐ Yes ☐ No Why? or withdraw from the accounts?

Yes

No Last position held? How long in present Applicant's net worth: Reason for leaving? position? Name of deceased (Ward) Date of appointment (If over 6 Is applicant indebted to the estate Date of death or trust?

Yes

No (If yes, months, please explain delay.) PROBATE explain on an attached sheet.) Name and address of attorney (If none, do not write the bond; submit it to our underwriters.) Telephone # NO FINANCIAL STATEMENT NECESSARY Will the attorney remain involved throughout the Assets of estate or trust (describe) HAVE PRINCIPAL SIGN duration of this estate?

Yes

No THIS APPLICATION. Name, age, and health status of Applicant's relationship to Applicant's net worth: minor(s)
incompetent deceased ward(s) What is the source of the guardianship funds? (If an insurance settlement, do not execute the bond; instead refer it to an underwriter.) Are guardianship funds to be used for support of ward? \square Yes \square No Approximately how much per month? (Please send copy of court order authorizing monthly expenditures.) Has anyone objected to the Who are the heirs of this estate? applicant's appointment as fiduciary? ☐ Yes ☐ No Will any going business (excluding farms) of the estate be continued Is this bond required on the demand of an interested person? by fiduciary? (If yes, send a copy of court order.)

Yes

No ☐ Yes ☐ No Who? Name and address of court: What is the applicant's experience in handling fiduciary responsibilities? **REFEREE'S RECEIVER'S** TRUSTEE'S Plaintiff Name and address of principal's attorney BOND NO FINANCIAL STATEMENT NECESSARY. Defendant Name and location of Court Applicant's net worth: HAVE PRINCIPAL SIGN THIS APPLICATION. COURT BOND Name and location of Court Name of Defendant OTHER THAN 3 AND 4

FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION. Name and address of attorney

Are securities endorsed?

☐ Yes ☐ No

If registered, in whose name?

Net worth:

\$

Explain purpose of bond (submit copy of relevant documents)

(Give limits)

Describe manner of loss

Serial Number and description (Please submit a copy or sample of the

LICENSE AND PERMIT BOND

FINANCIAL STATEMENT
NECESSARY WHERE STATE IS
THE OBLIGEE.
HAVE PRINCIPAL SIGN
THIS APPLICATION.

LOST SECURITIES BOND

FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION.

with Any person who, 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.



☐ Yes ☐ No

Date of instrument

SIOUX FALLS OFFICE:

 \square Yes \square No If so, when?

If a check, has payment been stopped?

Public liability insurance carried?

P.O. Box 5077 Sioux Falls, South Dakota 57117-5077 (605) 336-0850

DALLAS OFFICE:

When?

☐ Yes ☐ No Was a judgment obtained?

If an Injunction or Restraining Order bond, does applicant

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

anticipate a foreclosure or collection action against him?

☐ Yes ☐ No If so, submit for underwriting

Payable to applicant only?

If not, who is it payable to?

Has notice of loss been given? Yes No

To Whom?

Property damage insurance carried?

If a deed of trust or note, has either been involved in a lawsuit?

P.O. Box 655908 Dallas, Texas 75265-5908 (972) 702-8802

FAX © @1711 PE TED APPLICATION 77 99 866 726-8443