



P.O. Box 5077, Sioux Falls, South Dakota 57117-5077
 (605) 336-0850
 FAX (605) 335-0357
 www.cnasurety.com

AGENCY APPLICATION

Please complete entire application

Agency Name _____ Date _____
As it appears on state license

Mailing Address _____ Phone () _____

Street Address _____ Fax # () _____

E-mail Address _____

City _____ State _____ Zip Code _____

Insurance Agency _____ Bank _____ Lawyer _____ Other (describe) _____

Individual _____ Partnership _____ Corporation _____

INDIVIDUALS TO BE LICENSED WITH WESTERN SURETY COMPANY

(Please attach copy of state license)

Name and Home Address	Birth Date	Social Security Number	State License Number
1. _____ _____ _____	_____	_____	_____
2. _____ _____ _____	_____	_____	_____
3. _____ _____ _____	_____	_____	_____

Number of years agency in business? _____ At present location? _____

Number of employees in your agency? _____

Commercial bond volume (notary bonds, license and permit bonds, etc.)? \$ _____

Contract bond volume? _____ Total annual insurance volume: \$ _____

Approximately how much commercial bond business and what type of business do you plan on placing with Western Surety Company annually? Amount \$ _____ Type _____

Does your agency specialize in one or two particular lines? _____ If yes, describe: _____

(SEE REVERSE SIDE)

Has anyone in your agency previously represented CNA Surety or Western Surety Company? _____ Yes _____ No

If yes, give name and address of previous agency: _____

Companies Now Represented	Since	Annual Volume

Have any companies withdrawn from your agency in the past two years? _____ Yes _____ No

If yes, who and why? _____

Have you deleted any companies within the past two years? _____ Yes _____ No If yes, who and why?

Does your agency carry agent's errors and omissions coverage? _____ Yes _____ No

If yes, what limits? _____

Has anyone in this agency had his/her license suspended or otherwise been disciplined by insurance regulators in the last five years? _____ Yes _____ No If yes, give complete description: _____

Has it been alleged as to anyone in this agency that he/she exceeded his/her authority to issue bonds or any other product in the last five years? _____ Yes _____ No If yes, give complete description: _____

Federal law (18 U.S.C. § 1033(e)) prohibits any individual who has been convicted of certain criminal offenses to engage or participate in the business of insurance. Such a person may, however, engage or participate in the insurance business with the written consent of any insurance regulatory official authorized to regulate the insurer involved. Have any of the agents in your agency been convicted of a felony or an offense under 18 U.S.C. § 1033?

_____ Yes _____ No If yes, give complete description and details: _____

In the event any agent in your agency appointed with Western Surety Company is subsequently convicted of any such offense, it is your responsibility to immediately advise Western Surety Company of that fact and provide full particulars.

COMPLETE THE RESUME SECTION BELOW Give a brief resume of your agency, including the background of individuals in the agency, a general description of the office, the location of your office in the community, a list of organizations which you belong to, and any other information which would be helpful.

The undersigned applicant hereby certifies the truth of all statements above, agrees to all terms and items included and authorizes Western Surety Company to verify the information in this application and to obtain additional information from any source, including a credit report at the time of application or any subsequent review, or for any other legitimate purpose as determined by Western Surety Company in its discretion.

Agent's Signature



PO Box 5077 Sioux Falls SD 57117-5077

1-800-331-6053
Fax 1-605-335-0357
www.cnasurety.com

The following information is required for the purposes of complying with IRS 1099 reporting requirements. Failure to comply with this request may subject you to the IRS requirements for back-up withholding.

IMPORTANT: Please check one box and complete all required fields (*):

INDIVIDUAL/SOLE PROPRIETOR (taxed on Form 1040, Schedule C, E, or F)

LIMITED LIABILITY COMPANY (LLC) (taxed as Sole Proprietor on Form 1040, Schedule C, E or F):
 *Individual's Name (as appears on 1040 tax return): _____
 DBA (if applicable): _____
 *Social Security Number (SSN): ____ - ____ - _____ (preferred by IRS)
 OR Employer ID Number (EIN): ____ - _____

CORPORATION (taxed on Form 1120/1120S) **PARTNERSHIP (taxed on Form 1065)**

LLC (taxed as Corporation on Form 1120/1120S) **LLC (taxed as Partnership on Form 1065)**

*Please provide the following, exactly as it appears on the entity's tax return (1120, 1065, etc.):

*Entity Name: _____

*Employer ID Number (EIN): ____ - _____

Please list the agency name (may be different from W-9 information submitted above) and address for your AGENCY:

*Agency/Producer Code: _____

*Agency Name: _____

*Street Address: _____

*P.O. Box, if applicable: _____

*City, State, Zip Code: _____

CERTIFICATION: I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

*Contact Name: _____ *Telephone Number: _____

*Signature/Title: _____ *Date: _____

Signed by the tax payer or an officer of the entity.

Please return this form to us at the above address or fax it to 605-335-0357.