COMPLETE APPLICABLE
SECTION ON REVERSE
Section Public Official

Probate

Referee, Receiver, etc....

Lost Securities 7

Accounts Receivable

Real Estate, Homestead

Real Estate, Investment

Furniture and Fixtures _

Other Assets - Describe TOTAL ASSETS

Gross Sales - Two Years Ago ____

Section



www.cnasurety.com

Form 10

Individual Partnership Corporation Limited Liability Company Limited Liability Partnership

Last Year

"Indemnitor'

"Indemnitor"

"Indemnitor"

APPLICATION FOR BOND—ANY KIND

Applicant Name (Exa	ctly as shown on License or Bond) Plea	se print or type			:	Social Secu	rity #	Date of B	lirth	Married Single
Residence Address	(Street and Number)	(City)		(State)	(Zip)	(Telephon	e #)	(Fax #)	(Ema	ail Address)
Business Address	(Street and Number)	(City)		(State)	(Zip)	(Telephon	e #)	(Fax #)	(Ema	ail Address)
Occupation or Busin	ess	How long so en	gaged?	Previous Su	rety 🗌	Yes 🗌 No	If yes, giv	ve name and re	eason for	r change.
Type of Bond				Amount	of Bor	nd	Effective	Date		
Complete Name and	Address of Obligee									
	Check applicable section	STATEMENT a son on the reverse sid	le to see w	whether a fina	ancial s	statement is	necessary	1.		
	ASSETS					LIAE	BILITIES			
Cash (List Banks)				ounts Payable es due & accru						
Stocks + Bonds – De	escribe		Note	es Payable to B es Payable to C	ank					
	Describe			tgage on Real						

INDEMNITY 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 turb of all statements in the application, authorize the Company to verify this information at the time of application, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree: To pary preniturs, including renewal premiums and any other charges, to the Company or its agents, when de. 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 preniturs, institutor, and there yong any other boad 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 bands, regardless of whether such liability, loss, cost, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Company bill assistent or ano collisive termination evidence that there is no further liability on this bond or any other bond issued for any leason of such suretysing. To further liability of any reason whatsoever, to deposit current funds with the Company, in an amount sufficient to satisfy any claim against the Company shall have the right to handle or settle any beam of and mark cancel or anned any bond without cause and without any liability which might and surety on the return or exchange of any collamit at other indemnity or security was obtained. An itemized band or settle any target cause and without any liability which might a bandle or settle any target cause and without any liability which might and suret from. That the C

INDEMNITY

Other Liabilities - Describe

TOTAL Liabilities and Net Worth

Net Income - Two Years Ago

TOTAL LIABILITIES

Capital Stock (Paid in) NET WORTH OR SURPLUS

A

В

_____ Last Year

- the date of the Company's receipt and notice of such termination Signed this _ day of _

(11)	In the event of any payment by the Company, to pay the Company interest on such amounts	
	at the highest legal rate from the date such payments are made.	

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 John DR "Indemnitor"

Signature & Business/Corporate Title

IMPORTANT NOTICE

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

PUBLIC	Net Worth:		Date:	Term of	Office:	Premium wi	ll be paid:
OFFICIAL BOND	\$	Elected Appointed					y? for term?
NO FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN APPLICATION IF \$75,000	Title of Position	_	Main Sources of	Organization's	Funding		
OR MORE.	Purpose or Function of Organiz	ation					
FIDELITY BOND		'ill applicant sign ecks? 🗌 Yes 🗌 No	Is countersigna By whom?	ture required?	🗌 Yes 🗌 No	Regular aud By whom?	its? 🗌 Yes 🗌 No
NO FINANCIAL STATEMENT NECESSARY.	Are bank accounts reconciled b or withdraw from the accounts?		zed to deposit	Ever discharge	d from any employ	/ment? Y	es 🗆 No Why?
	Last position held? Reason for leaving?				How long in pr position?	resent	Applicant's net worth: \$
	Name of deceased (Ward)		Date of death		f appointment (If o , please explain de	lay.) or tru	blicant indebted to the estate $ st? \square$ Yes \square No (If yes, in on an attached sheet.)
PROBATE BOND	Has applicant had prior possess	ion of estate assets?	Yes No	If yes, please	explain.	[expite	
NO FINANCIAL STATEMENT NECESSARY.	Name and address of attorney (If none, do not write th	ne bond; submit it t	o our underwri	ters.)		Telephone #
HAVE PRINCIPAL SIGN THIS APPLICATION.	Will the attorney remain involve duration of this estate? Yes		Assets of estate or	trust (describe)			
	Name, age, and health status of minor(s) incompetent		A	pplicant's relati deceased ward(s)	onship to		Applicant's net worth: §
	Are guardianship funds to be us Yes No Approxima (Please send copy of court orde	ately how much per mo	onth?		e source of the gua cute the bond; inst		? (If an insurance settlement, n underwriter.)
	Who are the heirs of this estate?			·			yone objected to the nt's appointment as fiduciary?
	Will any going business (exclud by fiduciary? (If yes, send a cop	· ·			equired on the den No Who?	nand of an inter	rested person?
	Name and address of court:						
	What is the applicant's experier	nce in handling fiducian	ry responsibilities?				
□ REFEREE'S □ RECEIVER'S	Plaintiff	N	ame and address of	f principal's atto	orney		
TRUSTEE'S BOND NO FINANCIAL STATEMENT	Defendant	N	ame and location o	f Court			Applicant's net worth: \$
NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION.	Name and location of Court				Name of Defen	dant	
COURT BOND OTHER THAN	Name and address of attorney				anticipate a fore	closure or colle	Order bond, does applicant ection action against him? it for underwriting.
J 3 AND 4 FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN	Explain purpose of bond (subm	it copy of relevant doc	uments)			<u> </u>	in for underwriting.
THIS APPLICATION.		General liability insura (Give limits)	nce carried?	Yes 🗌 No	State license num	ber assigned to	applicant, if applicable:
FINANCIAL STATEMENT NECESSARY WHERE STATE IS THE OBLIGEE.	Serial Number and description (form it was on.)	(Please submit a copy of	or sample of the	Date	If	yable to applica not, who is it p	ayable to?
HAVE PRINCIPAL SIGN THIS APPLICATION.	Are securities endorsed? De	escribe manner of loss			Has n When	otice of loss be ? To	en given? 🗌 Yes 🗌 No Whom?
LOST SECURITIES/ CERTIFICATE OF TITLE BOND	If registered, in whose name?	If a check, has payr □Yes □No If so,			ed of trust or note, s □ No Was a j		n involved in a lawsuit? ed?
FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION.	Vehicle Make	Vehicle Mode	1		Vehicle Year	Vehicle V	/IN
	Is there a lien or lien holder?	Yes No If	yes, list and explair	1.		I	
	a mark trade name and domain na		and and the second of	A data an atomical da			

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

Valo Oficial Decision Visitary 2 Visitary 2 Visitary 4 Dourt 5 December 6 December 7 APPLIC	F	SOR BC		For Office Use C	Limited	Individual Partnership Corporation Liability Company iability Partnership
Applicant (For partnership, give full names of partners and trade	e names) Please print	or type		Social Secur		Married Single
Residence Address						0 mgm []
(Street and Number) Business Address	(Ci	59	(State)	(Zip)	(Telephone #)	
(Street and Number)	(Ci	5)	(State)	(Zip)	(Telephone #)	
Occupation or business	How long so	engaged?	Previous Surety	🗌 Yes 🗌 No	If yes, give name an	id reason for change.
Type of Bond			Amount of I	Bond	Effective Date	
Complete name and address of Obligee						
FINANCIAL	STATEMEN	T as of				
Check applicable section				al statement is	necessary.	
Check one: Bus				al Financial S		
ASSETS				LIAB	ILITIES	
Cash (List Banks)			unts Payable			
			s due & accrued			
Stocks + Bonds - Describe			s Payable to Ban			
Notes Receivable - Describe			s Payable to Oth gage on Real Es			
Merchandise or Material in Stock			gage on Real Es			
Accounts Receivable			r Liabilities – D			
Real Estate, Homestead A		0.00	Difference D			
Real Estate, Investment B		тот	AL LIABILITIE	c .		
Furniture and Fixtures			tal Stock (Paid in			
Other Assets - Describe			WORTH OR SI			
TOTAL ASSETS			AL Liabilities ar			
Gross Sales - Two Years Ago Last	Vere				Last Y	
The startistical exploration and information theory means Neurons Neuron Composition in the server on the and interface that the server of the startistical test of the server of the se	ability, losis, cost, aliter- for the ardiscement of discret that there is no fur- recent mads with the Cost suit in good faith. An i the Company, a cancel or amend any born- reigned hereby assign to or used on the coefficient or used on the coefficient or is not on the coefficient prior of Security Dates in orderensition upon write	neys' fees and en this agreement, ed, by the neglig other liability on t	prints whatsoever what or is obtained a robust mere of the Company, its boot or any other boot it sufficient to satisfy any of loss and expertie inco d without any liability w d for undersigned, and it monies now due or he coeffings arising from or containing from or	the the Company shall or exclusion of terms claim against the Com- relative sectors and the company the company tick might arise there is apreement shall aga therefore becoming due interstance of against statistic to this indem day of	I at any time sustain as alaation under such bou-	surety or by reason of havin des regardless of whether sud
Agency				<u> </u>		"Indemnitor
Agency						
Agency Address Street				_		"Inderestitor
Agency Address Breet	Zip					"Inderntitor
Agency	AGENT'S F		IENDATION			
Agency	AGENT'S F				itten. Tell us wha	
Agency	AGENT'S F				itten. Tell us wha	

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.

Signed	l this	22	_ day of	Qu	ne	, _ 20
				0		
		5	Signature & Bu	isiness/Corporat	Title Dr	Indemn
					ne Doe	"Indemn
NOTE:	Personal in	demnitors	s should sign th	ieir names befoi	e the word "i	ndemnitor".
Compl cating Compa	the busi any.	tion Or iness tr	ade name,	e.g. John D	ames of be and Jan	all partners mes Doe DBA
Signed	l this	250	_ day of	Ju	ne	, _ 2 0
		5	Signature & Bu	isiness/Corporat	t Title	l "Indemn
					- Ā	-
				$-\mathcal{A}^{a}$	mes Vol	
			Λ	- PT	ne Hog	Indemn
			Hn	n De, I	ndemnt	-
NOTE:	Personal in	demnitors	s should sign th	ieir names befor	e the word "i	ndemnitor".
Compl Doe C	orporatio	ion On on, Inc.	_	the name o	of the corr	poration only
Signed	l this	$\frac{\lambda}{\lambda}$	_ day of	Ju Ju	ne	, 20
			Fignature & Bu	Isiness/Corporat	F Title	
			Signature & De		hn Dr	Indemn
				da	mes Vol	"Indemn
				<u>* Ja</u>	ne Doe	Indemn
			* An	n De I	ndemni	ð ∎∕
NOTE:	Personal in	demnitors	s should sign th	eir names befor	e the word "i	ndemnitor".
* In som	e cases the	owners' s	pouses may als	o need to sign.		
Compl partne	ete Secti ership on	lon One ly, e.g.	• O in the r Doe Compa		limited lia	RSHIP (LLP bility compa pany, LLP.
Signed	l this	1 -	_ day of	- Ju	ne	, 2 0
	v	rnn L	Joe, Man Signature & Br	a ger isiness/Corporat		
		•		- Lo	hn Dr	Indemn
				Ja	mes Voe	"Indemn
			,	$^{*}Q_{\mu}$	ne Dog	Indemn
			* An	In Doe, I	ndemnit	61 /
NOTE:	Personal in	demnitors	s should sign th	neir names befor		
* In som	e cases the	members	/owners'/partne	ers' spouses may	also need to	sign.
				es, Friends, pplicant's n		wing (a), (b) o
Signed	l this	24	_ day of	Ju	ne	, 20
		5	Signature & Bu	isiness/Corporat	Title	"Indone-
					~~ //h	Indemn
				\cap	X.	
					ne Doe	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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