

\*\*\*Attention users accessing this link via web browsers other than Internet Explorer\*\*\*

Because of a potential browser conflict, we recommend you download and save the following application as an Adobe Acrobat Document to your desktop prior to completing. Failure to do so may result in the "Submit" button not functioning as intended. Thanks for your patience as we resolve this issue.

If you have any questions, or would like to speak with a representative, please call us at 877-280-7313.

# National Automotive Service Task Force



## Instructions Dishonesty Bond

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### **Purchase Your Dishonesty Bond:**

National Automotive Service Task Force and CNA Surety have partnered to support your dishonesty bond needs. As partners, we uniquely understand the urgency around your bond need and the importance of helping obtain the properly completed bond correctly – the first time.

### **Application Process:**

Simply complete the application that follows; making sure to complete all applicable fields providing your email/phone number in case we need to contact you. Then, simply click the Submit button delivering the application to CNA Surety's Processing Center. If underwriting requirements are met, you will receive the executed bond via email for you to print and use as proof of bonding.

You should expect to receive a response to your submission by the end of the next business day. Payment Instructions either via a bank transfer or credit card will accompany the bond. Failure to make prompt payment results in coverage cancellation.

### **Additional Instructions — Maintenance, Cancellation, Payment:**

Whether you have questions around applying for your bond, making changes, making a payment, or any other request, help is just a phone call away at **877-280-7313**. When calling, please reference the National Automotive Service Task Force program and code 05-18268. Between 7:30 am and 6:00 pm Central Time, you will be connected to Specialists who can quickly answer questions or make changes to your bond. After hours, feel free to leave a voice mail and expect a response early the next business day. If you prefer email, contact us at [info@cnasurety.com](mailto:info@cnasurety.com) and receive the same fast, knowledgeable service.



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# National Automotive Service Task Force



CNA Special Handling A, C, E

## DISHONESTY BOND APPLICATION

Name of Applicant/Business/Organization _____						
Type of Business or Organization	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Non-Profit
Physical Address	_____	_____	_____	_____	_____	_____
	Street and Number	City	State	Zip		
Mailing Address	_____	_____	_____	_____	_____	_____
	Street and Number	City	State	Zip		
Applicant Email	_____	Applicant Daytime Phone Number	_____			
Type of Business & Function	_____					
Have you sustained any employee dishonesty losses in the last 6 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please give us all the details in a letter.			
Amount of coverage:	\$100,000					
<input type="checkbox"/> 1-Year Bond	<input type="checkbox"/> 3-Year Bond	(reduced rate of 2.85 x annual premium)				

### Dishonesty B\*\*

Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, home/condo owner associations, non-profit social organizations (officers and employees) and courier services (except those handling cash and negotiable instruments).

**Note:** Independent contractors and volunteers are not covered unless endorsement is added by the surety.

**Contains a conviction clause.**

Exact Number of Employees (Both full and part-time) \_\_\_\_\_

Exact Number of Owners/Officers \_\_\_\_\_

Are officers to be covered?  Yes\*\*\*  No

The effective date of the bond will be the date the bond is issued or future date by request.

### Your CNA Surety Agent is:

Name CNA Solution, Inc.

Address P. O. Box 5077

Sioux Falls SD 57104  
City State Zip

Agent's Code 0 5 — 1 8 2 6 8

\*\*In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.  
\*\*\*Coverage of officers is subject to underwriter approval.

**Any person who, with 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.**

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