



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Have any companies withdrawn from your agency in the past two years?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

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.

If Federal income taxes are filed as an individual or sole proprietor, please complete boxes 1 and 3.

Box 1
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (taxed on Form 1040, Schedule C, E, or F)
<input type="checkbox"/> 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): _____
Please provide only the tax identification number used to file your federal income taxes.
Social Security Number (SSN): ____ - ____ - _____ (preferred by IRS)
- OR -
Employer ID Number (EIN): ____ - _____

If Federal income taxes are filed as a partnership or corporation, please complete boxes 2 and 3.

Box 2	
<input type="checkbox"/> CORPORATION (taxed on Form 1120/1120S)	<input type="checkbox"/> PARTNERSHIP (taxed on Form 1065)
<input type="checkbox"/> LLC (taxed as Corporation on Form 1120/1120S)	<input type="checkbox"/> 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: _____	
DBA (if applicable): _____	
Employer ID Number (EIN): ____ - _____	

Please complete all required fields(*). (The agency name may be different from W-9 information submitted above.)

Box 3	
*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.

Portal / bONdLINE® Registration Form

The CNA Surety Portal and bONdLINE® system are supported by all web browsers. Please review the following instructions specific to your web browser to complete the Portal / bONdLINE® Registration Form and request access.

Internet Explorer / Mozilla Firefox – After opening the document, if the fields are not highlighted, click on the **Highlight Fields** button in the upper right corner. Click in a highlighted field to key in the text needed or to select a checkbox. Press the **Tab** key to advance to the next field or **Shift+Tab** to return to the previous field.

Google Chrome – Click in a highlighted field to key in the text needed or to select a checkbox. Press the **Tab** key to advance to the next field or **Shift+Tab** to return to the previous field. To save the form, right mouse click and choose **Save As**; or mouse over the bottom right of the form until the icons pop up and choose the **Save As** icon.

Each user will receive their User ID and Temporary Password in two separate emails within 1 to 2 business days after we receive the completed registration form.

Submit to: PortalRequest@cnaSurety.com

From: _____ Date: _____

Agency Information

Agency Code, if available: _____

Agency Name: _____

Agency City/State: _____

CNA Surety Portal Administrator

Each agency must have at least one Administrator. 1-2 users that have CNA Surety Portal User access, along with additional access rights to add/delete Users, change other Users' contact information, and reset passwords.

First and Last Name (required)	Email Address (required)	bONdLINE®	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Do not repeat the CNA Surety Portal Administrator in the CNA Surety Portal Users list below; they will automatically be set up as a user.

CNA Surety Portal Users

Access to the CNA Surety Portal and ability to change their User Password.

First and Last Name (required)	Email Address (required)	bONdLINE®	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

