

Southwest Insurance Agency



Instructions - Easy Application for Bonds

BUY Your Contractor License Bond:

Southwest Insurance Agency and CNA Surety have partnered to support you with your Contractor License bond needs. As partners, we uniquely understand the urgency around your bond need and the importance of helping you file 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 your agent Abraham Peinado. The application will be processed the same day or next business day.

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.

Additional Instructions — Filing, Maintenance, Cancellation, Payment:

Whether you have questions around filing your bond, making changes, making a payment, or any other request, help is just a phone call away at **915-996-2071**. If you prefer email, contact us at info@epswim.com and receive the same fast, knowledgeable service.



101 S. Reid St.
Sioux Falls, SD 57103

Phone: 800-331-6053 • FAX: 605-335-0357
Email: info@cnaSurety.com • Web: www.cnaSurety.com

Abraham Peinado, Principal
Southwest Insurance Management
10921 Pellicano, Ste. 127
El Paso, TX 79935

Phone: 915-996-2071 • FAX: 915-503-2924
Email: info@epswim.com • Web: www.epswim.com

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs



(Application Number) _____

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership

Form 10-E

EASY APPLICATION FOR BONDS

The individual named below, who is the owner/officer/related party of the applicant for this bond/policy, requested that this application be submitted to the Company (Continental Casualty Company and its related writing companies Western Surety Company, Surety Bonding Company of America and Universal Surety Company of America) for the purpose of "Underwriting" (determination for acceptability; potential, actual or future pricing; and other related services) of this bond/policy. A copy of such request for "Underwriting" of the bond/policy requested by the below individual was provided to and is maintained by this agent/agency (or has been forwarded to the Company). Further, this agent/agency discussed with the owner/officer/related party named below concerning the use of his/her personal credit history to facilitate the "Underwriting" of the applicant and received consent to use his/her personal credit history for such Underwriting purpose.

The Company reserves all rights and legal duties associated with this application and any and all bonds issued as a result: including, but not limited to the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding on the Applicant and its owners. This agreement shall be in addition to and not in lieu of or in replacement of all other indemnity agreements.

PLEASE PRINT OR TYPE.

Applicant(s) - Individual, partners, or corporate owner(s). List the principal owner first. Attach additional Form 10-E's and cross reference if more than four owners.

1. Name _____

Residence Address _____

Telephone # _____ Single

Social Security No. _____ Married

Does this applicant own real estate? Yes No

2. Name _____

Residence Address _____

Telephone # _____ Single

Social Security No. _____ Married

Does this applicant own real estate? Yes No

3. Name _____

Residence Address _____

Telephone # _____ Single

Social Security No. _____ Married

Does this applicant own real estate? Yes No

4. Name _____

Residence Address _____

Telephone # _____ Single

Social Security No. _____ Married

Does this applicant own real estate? Yes No

Business or Corporate Name:

Business Address _____

Telephone # _____

Email _____

Number of Years in this Business:	Number of Years Licensed:
Type of Bond Requested:	
Amount of Bond: \$	License No.
Effective date:	

Has the business, or any other owner/applicant:

a. Ever been convicted of a crime? Yes No

b. Ever had their license suspended, revoked or denied? Yes No

c. Ever been party to a surety bond claim? Yes No

(If any answers are yes, provide details.)

Entity requiring this bond (and address):

Agent's recommendation/additional comments:

Agency Abraham Peinado

Address 10921 Pellicano, Suite 127
Street

El Paso TX 79935
City State Zip

Agent's Code 4 2 - 2 9 6 2 5

Check here if this correspondence was previously faxed or emailed.

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.

Submit application to:

Phone: (800) 331-6053 Fax: (605) 335-0357

Email: uwservices@cnaSurety.com



P.O. Box 5077 • Sioux Falls, South Dakota 57117-5077

www.cnaSurety.com