

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.



Instructions – Motor Vehicle Dealer Bond

BUY Your Motor Vehicle Dealer Bond:

BondAmerica and CNA Surety have partnered to support you with your Motor Vehicle Dealer 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 CNA Surety's Processing Center. In most cases, you will receive the executed bond via email for you to print, sign and file with the obligee's office. If the bond must be mailed due to a state's wet signature / compression seal requirement, you will be notified via email as well.

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, technical issues with the application, or any other request, help is just a phone call away at **877-280-7313** - ***please reference you are calling about your BondAmerica bond submission.*** Between 7:30 am and 6:00 pm Central Time, you will be connected to Specialists who can quickly answer your bond related 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 and receive the same fast, knowledgeable service.



101 S. Reid St.
Sioux Falls, SD 57103

Phone: 877-280-7313 • FAX: 605-335-0357
Email: info@cnasurety.com • Web: www.cnasurety.com



P.O. Box 69
Conway, AR 72032

Phone: 501-255-2663 • FAX: 501-255-3299
Email: grantw@bondamerica.com
Web: www.bondamerica.com

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs

CNA Special Handling A, B, C, E



(Application Number)

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

Form 10-E Motor Vehicle Dealer

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

Agency <u>BondAmerica</u>		
Address <u>P. O. Box 69</u>		
Street		
<u>Conway</u>	<u>AR</u> <u>72032</u>	
City	State	Zip
Agent's Code	<u>0</u> <u>3</u> - <u>1</u> <u>6</u> <u>9</u> <u>6</u> <u>1</u>	

Check here if this correspondence was previously faxed or emailed.

Business or Corporate Name:

Business Address _____

Telephone # _____

Email Address _____

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:

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.

Phone: (877) 280-7313 Fax: (605) 335-0357
Email: uwservices@cnaSurety.com



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