

# Direct Bill Program

**YES,** we're interested in having the CNA Surety Direct Bill Program available in our agency. Please send us any information needed to enroll in CNA Surety's Direct Bill Program.

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Agent's Code \_\_\_\_\_ - \_\_\_\_\_



**SEND TO:**

**CNA Surety**

P.O. Box 5077

Sioux Falls, SD 57117-5077

1-800-331-6053

Fax 1-605-335-0357

[www.cnasurety.com](http://www.cnasurety.com)

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