

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.

BondAmerica

CNA SURETY

Instructions Dishonesty Bond

BUY Your Dishonesty Bond:

BondAmerica and CNA Surety have partnered to support you with your dishonesty 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 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.

CNA
SURETY

101 S. Reid St.
Sioux Falls, SD 57103

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

BONDAMERICA
INC

P. O. Box 69
Conway, AR 72032

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

DISHONESTY BOND APPLICATION

Name of Applicant/Business/Organization _____

Type of Business or Organization Sole Proprietorship Partnership Corporation LLC LLP Non-Profit

Physical Address _____
Street and Number City State Zip

Mailing Address _____
Street and Number City State Zip

Type of Business & Function _____

Email Address _____ Telephone # _____

Have you sustained any employee dishonesty losses in the last 6 years? Yes No If so, please give us all the details in a letter.

Amount of coverage requested: \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

1-Year Bond 3-Year Bond (reduced rate of 2.85 x annual premium) (TX - 3 year term only available for Dishonesty B)

<p>Dishonesty A for Professional and Business Offices Includes accountants, architects, physicians, dentists, insurance agents, attorneys and similar-type professionals. (Officers are not covered under this bond, unless the insured is a corporation, and the officers are in the regular service of the insured and compensated by salary, wages, etc.)</p> <p>Exact Number of Employees (Both full and part-time) _____</p> <p>Exact Number of Officers _____</p> <p>Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No</p> <p>For Texas, include a list of officer titles. For Texas, Dishonesty A coverage is written as Commercial Blanket.</p>	<p>Dishonesty A for Non-Profit Social Organizations When covering Officers - tell us how many and titles below When covering Employees + Officers - also complete Dish B below When covering Employees only - skip to complete Dish B below</p> <p>Exact Number of Officers _____ (Provide officer positions below)</p> <p style="text-align: center;">Officer Positions</p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p>
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For Dishonesty A limits \$50,000 and over, please complete the following:

Will countersignature of checks be required? Yes No

How often will a complete audit be made? _____

When was last audit made? _____

By whom was audit made? _____

Certified Public Accountant Independent Accountant Other _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw there from (separation of duties) Yes No

How often? _____

OR

Dishonesty B for Retail, For-Profit, and All Other Businesses **

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 _____ (Provide officer positions)

Are officers to be covered? Yes*** No

Officer Positions (HOA/Condo Association Only)

Title _____ Title _____ Title _____

Title _____ Title _____ Title _____

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 BondAmerica

Address P. O. Box 69

Street AR 72032

City State Zip

Agent's Code 0 3 - 1 6 9 6 1

*A or B coverage subject to underwriter discretion.
 **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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