

## Kernan Insurance Agency



### Instructions - OH Lottery Retail Sales Bond

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#### **BUY Your OH Lottery Retail Sales Bond:**

Kernan Insurance Agency and CNA Surety have partnered to support you with your Lottery Retail Sales 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 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 **800-718-BOND**. If you prefer email, contact us at [BKernan@kernaninsurance.com](mailto:BKernan@kernaninsurance.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](mailto:info@cnasurety.com) • Web: [www.cnasurety.com](http://www.cnasurety.com)



9932 Brewster Ln  
Powell, OH 43065

Phone: 800-718-BOND • FAX: 614-764-0310  
Email: [BKernan@kernaninsurance.com](mailto:BKernan@kernaninsurance.com)  
Web: [www.kernaninsurance.com](http://www.kernaninsurance.com)

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs

CNA Special Handling A, B, C, E

# Ohio Lottery Retail Sales Bond Application



(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 of 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 \_\_\_\_\_

Lottery Retail Sales Number \_\_\_\_\_

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 Kernan Insurance Agency

Address 9932 Brewster Ln  
Street

Powell OH 43065  
City State Zip

Agent's Code 3 4 1 9 1 5 1

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: (877) 280-7313 Fax: (605) 335-0357

Email: [uwservices@cnaSurety.com](mailto:uwservices@cnaSurety.com)



P.O. Box 5077 • Sioux Falls, South Dakota 57117-5077  
[www.cnasurety.com](http://www.cnasurety.com)

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