

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs



# Kentucky Farm Bureau

## Form 10-E

### EASY APPLICATION FOR BONDS

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

The submission of this application by the Applicant and its owners is authorization to the Company to obtain a credit report on the Applicant and its owners. 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

\_\_\_\_\_  Married

Social Security No. \_\_\_\_\_

Does this applicant own real estate?  Yes  No

2. Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Telephone # \_\_\_\_\_  Single

\_\_\_\_\_  Married

Social Security No. \_\_\_\_\_

Does this applicant own real estate?  Yes  No

3. Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Telephone # \_\_\_\_\_  Single

\_\_\_\_\_  Married

Social Security No. \_\_\_\_\_

Does this applicant own real estate?  Yes  No

4. Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Telephone # \_\_\_\_\_  Single

\_\_\_\_\_  Married

Social Security No. \_\_\_\_\_

Does this applicant own real estate?  Yes  No

**Business or Corporate Name:**

\_\_\_\_\_

Business Address \_\_\_\_\_

Telephone # \_\_\_\_\_

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.)

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

**Entity requiring this bond (and address):**

\_\_\_\_\_  
\_\_\_\_\_

**Sub-Agent's recommendation:** Tell us what you know and think of the applicant.

\_\_\_\_\_  
\_\_\_\_\_

**Agent Code: 16-16273**

Sub-Agent's Name/Code \_\_\_\_\_

Sub-Agent's Address \_\_\_\_\_

Sub-Agent's Phone # \_\_\_\_\_

Sub-Agent's Fax # \_\_\_\_\_

Check here if this correspondence was previously faxed or emailed.



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

**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.**

### Kentucky Farm Bureau

PHONE 1-800-331-6053

FAX (605) 335-0357

http://kfb.cnasurety.com • Email: uwservices@cnasurety.com

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## Kentucky Farm Bureau

### **This is our streamlined application to handle your bond business!**

Our Form 10-E Easy Application requires no financial statement and is printed on the reverse side of this page. Please feel free to make copies as necessary.

We at CNA Surety have worked to make bonding easy for you and your customers. The underwriting information required for this class of bonds is the most competitive in the market. Our goal is to focus on your needs including writing bonds quickly and efficiently.

We make bonding easier! Call us today if you have any questions about these bonds or your other bonding needs. We write more bonds than any other company in the industry, and we want your business!

PS: For the fastest service, just fax the Form 10-E Easy Application. We'll process your request immediately!

### **Steps to Submitting an Application:**

- 1) Complete the application in its entirety. Be sure to include sub-agent information.
- 2) Email, Fax, or Mail the completed application and any supporting information to CNA Surety at [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com), 1-605-335-0357, P.O. Box 5077, Sioux Falls, SD 57117-5077.

An Underwriter from CNA Surety will contact the sub-agent as soon as possible regarding the submission, by either fax, phone or mail.

CNA Surety  
P.O. Box 5077  
Sioux Falls, SD 57117-5077  
1-800-331-6053  
FAX (605) 335-0357