

Kentucky Farm Bureau
Form 30
BUSINESS BLANKET BOND APPLICATION

Name of Employer (For partnership, give full names of partners and trade name.)			INDIVIDUAL <input type="checkbox"/>
			PARTNERSHIP <input type="checkbox"/>
			CORPORATION <input type="checkbox"/>
Physical Address <small>(Street & Number) (City) (State) (Zip)</small>		Mailing Address <small>(Street & Number) (City) (State) (Zip)</small>	
Describe Your Business (purpose, function and source of funding)			Date you were established
Type of Bond <input type="checkbox"/> Commercial Blanket - Covers all employees for a stated amount. <input type="checkbox"/> Blanket Position - Covers each employee for a stated amount. <small>(Not available in TX and LA)</small>		Is bond needed because organization is receiving government funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Bond \$	Effective Date	Premium Payments <input type="checkbox"/> Three years in advance <input type="checkbox"/> Annually	
Do employees have authority to sign checks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will countersignature of checks be required? By whom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often will a complete audit be made?	When was last audit made?	By whom was audit made?	Certified Public Accountant <input type="checkbox"/> Independent Accountant <input type="checkbox"/> Employee of Insured <input type="checkbox"/>
Were any discrepancies found? <input type="checkbox"/> Yes <input type="checkbox"/> No	What losses have you sustained within the past five years?	What class of employee or position caused such loss?	
What has been done to prevent recurrence of such loss?			
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No How often?		Are securities subject to joint control of two or more responsible employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the number of employees likely to be increased substantially during the term of this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you contemplate an expansion of your business soon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any branches, affiliates and subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, list separately.)		Do answers apply to these branches, affiliates and subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has there been any change in ownership or management within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			

CLASSIFICATION OF ALL EMPLOYEES BY POSITION
If specific excess coverage is desired on any position, please so indicate.

Officers or Employees who handle or have custody of cash or merchandise.		All other employees.	
Job Classification	Number of Employees in that Position	Job Classification	Number of Employees in that Position
TOTAL		TOTAL	
Total Number of Employees			

SUB-AGENT 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 # _____

The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.

Signature of Officer or Employer _____

Official Title _____

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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, 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.

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.