

## Kentucky Farm Bureau Form 40 PUBLIC OFFICIAL AND EMPLOYEE'S BLANKET BOND APPLICATION

Complete Name of Obligee					Classify Obligee			
							inty, city ther political subo	
				Mailia a Aslaha a cita		<b>0</b>	iner political sub	
Physical Address				Mailing Address (if d	lifferent than Physica	Address)		
(Street & Number)	(City)	(State)	(Zip)	(Street & Number)		(City)	(State)	(Zip)
BOND INFORMATION								
Amount of Bond \$				Premium payable: prepaid 1 yr, 2 yrs, 3 yrs, 4 yrs			4 yrs	
TOTAL NUMBER OF EN	IPLOYEES							
	esty Blanket Position ful Performance B	on Bond Cover lanket Bond C	rage — Co overage -	overs each public em – Covers all public er	ployee for a stated nployees for a stat	ed amount.	mount.	
Give specifics on a	any additional indem	nity desired unde	er any Insur	ing Agreement on any p	oosition.		Amount of	
Position						Exc	ess Coverage (if any)	9
AUDITS								

How often will a complete audit be made?	When was last audit made?		audit made? Public Official 🗌 ic Accountant 🗌 Employee 🗌	Were any discrepancies found?  Yes No	
What losses have you sustained within the past five years?			What class of employee or official caused such loss?		
What has been done to prevent recurrence of such loss?			Are the number of employees or officials likely to be increased substantially during the term of this bond?		

SUB-AGENT RECOMMENDATION: Tell us what you know and think of the applicant.

Agent Code: 16-16273		
Sub-Agent's Name/Code	Date	
	Name of Obligee	
Sub-Agent's Address	Du	
	By	
	Signature and Title	
Sub-Agent's Phone #	CNA is a registered service mark, trade name and domain name of CNA Financial Corporation. No part of this material, including the CNA Surety logo, may be reproduced without written permission from CNA Surety.	
Sub-Agent's Fax #		

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

Fax: 1-605-335-0357

## 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 <u>uwservices@cnasurety.com</u>, 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.