



P.O. Box 5077, Sioux Falls, South Dakota 57117-5077  
 (605) 336-0850  
 FAX (605) 335-0357  
 www.cnasurety.com

**AGENCY APPLICATION**

Please complete entire application

Agency Name \_\_\_\_\_ Date \_\_\_\_\_  
As it appears on state license

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurance Agency \_\_\_\_\_ Bank \_\_\_\_\_ Lawyer \_\_\_\_\_ Other (describe) \_\_\_\_\_

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

**INDIVIDUALS TO BE LICENSED WITH WESTERN SURETY COMPANY**

(Please attach copy of state license)

Name and Home Address	Birth Date	Social Security Number	State License Number
1. _____ _____ _____	_____	_____	_____
2. _____ _____ _____	_____	_____	_____
3. _____ _____ _____	_____	_____	_____

Number of years agency in business? \_\_\_\_\_ At present location? \_\_\_\_\_

Number of employees in your agency? \_\_\_\_\_

Commercial bond volume (notary bonds, license and permit bonds, etc.)? \$ \_\_\_\_\_

Contract bond volume? \_\_\_\_\_ Total annual insurance volume: \$ \_\_\_\_\_

Approximately how much commercial bond business and what type of business do you plan on placing with Western Surety Company annually? Amount \$ \_\_\_\_\_ Type \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your agency specialize in one or two particular lines? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SEE REVERSE SIDE)

Has anyone in your agency previously represented CNA Surety or Western Surety Company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name and address of previous agency: \_\_\_\_\_

Companies Now Represented	Since	Annual Volume

Have any companies withdrawn from your agency in the past two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who and why? \_\_\_\_\_

Have you deleted any companies within the past two years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who and why?

Does your agency carry agent's errors and omissions coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what limits? \_\_\_\_\_

Has anyone in this agency had his/her license suspended or otherwise been disciplined by insurance regulators in the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give complete description: \_\_\_\_\_

Has it been alleged as to anyone in this agency that he/she exceeded his/her authority to issue bonds or any other product in the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give complete description: \_\_\_\_\_

Federal law (18 U.S.C. § 1033(e)) prohibits any individual who has been convicted of certain criminal offenses to engage or participate in the business of insurance. Such a person may, however, engage or participate in the insurance business with the written consent of any insurance regulatory official authorized to regulate the insurer involved. Have any of the agents in your agency been convicted of a felony or an offense under 18 U.S.C. § 1033?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give complete description and details: \_\_\_\_\_

In the event any agent in your agency appointed with Western Surety Company is subsequently convicted of any such offense, it is your responsibility to immediately advise Western Surety Company of that fact and provide full particulars.

**COMPLETE THE RESUME SECTION BELOW** Give a brief resume of your agency, including the background of individuals in the agency, a general description of the office, the location of your office in the community, a list of organizations which you belong to, and any other information which would be helpful.

The undersigned applicant hereby certifies the truth of all statements above, agrees to all terms and items included and authorizes Western Surety Company to verify the information in this application and to obtain additional information from any source, including a credit report at the time of application or any subsequent review, or for any other legitimate purpose as determined by Western Surety Company in its discretion.

\_\_\_\_\_  
Agent's Signature



PO Box 5077 Sioux Falls SD 57117-5077

1-800-331-6053  
Fax 1-605-335-0357  
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The following information is required for the purposes of complying with IRS 1099 reporting requirements. Failure to comply with this request may subject you to the IRS requirements for back-up withholding.

**IMPORTANT: Please check one box and complete all required fields (\*):**

**INDIVIDUAL/SOLE PROPRIETOR (taxed on Form 1040, Schedule C, E, or F)**

**LIMITED LIABILITY COMPANY (LLC) (taxed as Sole Proprietor on Form 1040, Schedule C, E or F):**  
 \*Individual's Name (as appears on 1040 tax return): \_\_\_\_\_  
 DBA (if applicable): \_\_\_\_\_  
 \*Social Security Number (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (preferred by IRS)  
 OR Employer ID Number (EIN): \_\_\_\_ - \_\_\_\_\_

**CORPORATION (taxed on Form 1120/1120S)**       **PARTNERSHIP (taxed on Form 1065)**

**LLC (taxed as Corporation on Form 1120/1120S)**       **LLC (taxed as Partnership on Form 1065)**

\*Please provide the following, exactly as it appears on the entity's tax return (1120, 1065, etc.):

\*Entity Name: \_\_\_\_\_

\*Employer ID Number (EIN): \_\_\_\_ - \_\_\_\_\_

**Please list the agency name (may be different from W-9 information submitted above) and address for your AGENCY:**

\*Agency/Producer Code: \_\_\_\_\_

\*Agency Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*P.O. Box, if applicable: \_\_\_\_\_

\*City, State, Zip Code: \_\_\_\_\_

CERTIFICATION: I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

\*Contact Name: \_\_\_\_\_ \*Telephone Number: \_\_\_\_\_

\*Signature/Title: \_\_\_\_\_ \*Date: \_\_\_\_\_

Signed by the tax payer or an officer of the entity.

Please return this form to us at the above address or fax it to 605-335-0357.