



# Alcohol and Tobacco Tax and Trade Bureau Distilled Spirits Bond Application

(Application Number)

- 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 Distilled Spirits Bond Applications and cross reference if more than three owners.

1. Name \_\_\_\_\_

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

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

Social Security No. \_\_\_\_\_  Married (spouse must sign at bottom right.)

Does this applicant own real estate?  Yes  No

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

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

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

Social Security No. \_\_\_\_\_  Married (spouse must sign at bottom right.)

Does this applicant own real estate?  Yes  No

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

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

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

Social Security No. \_\_\_\_\_  Married (spouse must sign at bottom right.)

Does this applicant own real estate?  Yes  No

**Agent's recommendation/additional comments:**

Agency Cedar Risk Management & Insurance Services

Agent's Code 2 9 - 1 6 5 9 6

Check here if this correspondence was previously faxed or emailed.



P.O. Box 5077 • Sioux Falls, South Dakota 57117-5077  
www.cnasurety.com

**Business or Corporate Name:**

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

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

Email \_\_\_\_\_

EIN \_\_\_\_\_

Number of Years in this Business:	Number of Years Licensed:
Type of Bond Requested: <b>Distilled Spirits Bond</b>	
Amount of Bond: \$	Registry No.
Operations Amount: \$	Withdrawal Amount: \$
<input type="checkbox"/> Distiller	<input type="checkbox"/> Processor <input type="checkbox"/> Warehouseman
(Check all that apply)	
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.)

Please check one box. This bond covers a:

- Operations
  - One Plant Bond
  - Adjacent Wine Cellar Bond
  - Area Bond
- Withdrawal Bond
- Unit Bond
- Alcohol Fuel Producer Bond

The bond type is (check one):

- Original  Strengthening  Superseding

Bonds over \$50,000 will require a signed Form 10 Application and separate business and personal financial statements.

**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.**

Phone: (800) 331-6053 Fax: (605) 335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)