

CNA SURETY

Alcohol and Tobacco Tax and Trade Bureau Wine 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 Wine 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 <u>Cedar Risk Management & Insurance Services</u>
Agent's Code <u>2 9 - 1 6 5 9 6</u>

Check here if this correspondence was previously faxed or emailed.

Business or Corporate Name:

Business Address _____

State of Incorporation _____

Telephone # _____

Email _____

EIN _____

Number of Years in this Business: _____	Number of Years Licensed: _____
Type of Bond Requested: Wine Bond	
Amount of Bond: \$ _____	Registry No. _____
Operations Amount: \$ _____	Deferral Amount: \$ _____
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.)

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.



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