COMPLETE APPLICAB SECTION ON REVERS			
		C	
Public Official			
Fidelity			
Probate			
Referee, Receiver, etc			
Court			



Individual	
Partnership	
Corporation	

ridelity	www.c	nasurety	.com					Corporation [
Referee, Receiver, etc 4 Court	c4 Form 10							
inanan 6	CATION FO			NIV	KIND		ted Liability 1	
								7
By the Applicant and its owners submitting this application For new applicants, complete and sign the General Indemn Agreement shall be in addition to and not in lieu of or in rep	ity Agreement. If an lacement of such other	ny Indemnito ner agreeme	ors have prevent.	viously	executed an	indemnity	agreement in favo	or of Surety, this
Applicant Name (Exactly as shown on License or Bond) Please	print or type				Social Sec	eurity#	Date of Birth	
Residence Address (Street and Number)	(City)		(State)	(Zip)	(Telephon	e #)	(Fax #)	(Email Address)
Business Address (Street and Number)	(City)		(State)	(Zip)	(Telephor	ne #)	(Fax #)	(Email Address)
Occupation or Business	How long so en	gaged?	Previous S	Surety	☐ Yes ☐	No If yes.	give name and re	eason for change.
Type of Bond			Amour	nt of Bo	ond	Effectiv	ve Date	
Complete Name and Address of Obligee								
EINANOVAL (A MENTALINA	C						
Check applicable section	STATEMENT as on the reverse side	e to see wh	ether a fina	ancial s	tatement is	necessary	y.	
Check one: Bu	usiness Financial S	Statement	Person	nal Fin	ancial State	ement		
ASSETS						BILITIES		
Cash (List Banks)								
Stocks + Bonds — Describe								
Describe								
Notes Receivable — Describe	Notes Payable to Others (Describe) ble — Describe Mortgage on Real Estate A				A			
Merchandise or Material in Stock	Mortgage on Real Estate B							
Accounts Receivable		Other	Liabilities	— Des	cribe			
Real Estate, Homestead A Real Estate, Investment B		тоти	TILADILI	TIFC				
Furniture and FixturesB								
Other Assets - Describe				PLUS				
TOTAL ASSETS			L Liabilitie	s and l	Net Worth			
Gross Sales - Two Years Ago Last Y	Tear	Net I	ncome - Tw	o Years	s Ago		Last Year	
		DEMNITY						
he undersigned applicant and indemnitors hereby request Western Surety Co ompany/companies referred to herein as the "Company") to become their surety	mpany, Universal Surety	of America. Su	rety Bonding Cor	mpany of .	America and any	affiliated com	pany, their successors	or assigns (with such
oplication and as needed, on an ongoing basis and to obtain additional informal aim, or for any other legitimate purposes as determined by the Company in its r	tion from any source, include	ding obtaining o	redit reports at	the time of	application, in a	iny review or r	enewal, at the time of	any potential or actua
 To pay premiums, including renewal premiums and any other charges, to t 	he Company or its agents.	when due.		-1 d - C				
2) To completely INDEMNIFY the Company from and against any liability been surety on this bond or any other bond issued for any applicant regardless of whether such liability, loss, costs, damages, attorneys' fees	and or indemnitor, or for	the enforceme	ent of this agree	ement, or	in obtaining a r	elease or evid	ustain as surety or lence of termination	under such bonds
 To furnish the Company with satisfactory and conclusive termination evide 	ence that there is no further	r liability on thi	s bond or any oth	ner bond is	sued for applican	t.		
4) Upon demand by the Company for any reason whatsoever, to deposit curre That the Company shall have the right to handle or settle any claim or incurred by the Company, shall be prima facie evidence of the fact and extended in the company.	suit in good faith and the	Company's dec	ision shall be bit	nding and	conclusive on the	mpany by reas e undersigned	on of such suretyship, An itemized stateme	ent of loss and expense
That the Company may decline to become surety on any bond and may can	cel or amend any bond with	nout cause and	without any liabi	lity which	might arise there	efrom,		
7) That the Company shall, without notice, have the right to alter the pen undersigned shall not be affected by the failure of the undersigned to sig collateral obtained and if any party signing this agreement is not bound for	any bond, nor any claim (that other inde	mnity or security	was obtain	ined, nor by the	release of any	indemnity, nor the ret	i. The hability for the urn or exchange of any
 That if a contract or performance bond is issued hereunder, the undersigned 	ed hereby assign to the Com	apany any mor	naing on each an nies now due or	hereafter	becoming due	under the cor	ntract, including all d	eferred payments and
retained percentage, supplies, tools, plants, equipment and materials due of 9) At the Company's discretion, this indemnity agreement shall be governed in the Company's discretion, this indemnity agreement shall be governed in	n all respects by the laws of	f the State of Sc	uth Dakota and	the unders	igned applicant a	and indemnitor	rs consent to the jurisd	iction of the courts o
the State of South Dakota and the United States District Court for the Dist (1) That this indemnity may be terminated by the undersigned, or any one or than twenty (20) days. In no event, shall any termination notice operate t	more parties so designated	d, upon written	notice sent regis	tered mail	to the office of the	ne Company at	Sioux Falls, South Da	kota 57103, of not less
the date of the Company's receipt and notice of such termination 1) In the event of any payment by the Company, to pay the Company interest						y bonds, unde	rtakings and obligati	ons executed prior to
at the highest legal rate from the date such payments are made.	on such amounts S.	igned this .			day of		,	
Agency McGlone Insurance				Sign	ature & Busine	ss/Corporate	Title	
Address 3061 Fulton Ave.								
Street								"Indemnitor"
City State 2	Zip							"Indemnitor"
Agent's Code <u>0 4 - 2 0 1</u>	1_4_							"Indemnitor"
AGENT'S RECOMMENDATIO		Note: Person	al indemnitors	s should	nrint and sign	their name	es before the word	
Your recommendation will be helpful and may be the	e difference t	heir own har	idwriting, e.g.	John I	Doe John D	"Indemni	tor"	macminior III
etween getting a refusal or having the bond written.	'ell us what							
ou know and think of the applicant.								

AGENT: Check here if this correspondence was previously faxed or emailed to CNA Surety.

Form 10-11-2015 © WSCo. 2015

IMPORTANT NOTICE

Please discuss with the applicant the potential use of personal credit history to facilitate the underwriting review process. INTERNAL CONTROL

,	DATA	Will Applicant Sign	Is countersig	nature required?	Y	es No	Regular Au	lits? Y	es No	T
	COMPLETE FOR ALL FIDELITY									
	SUBMISSIONS OR FOR PUBLIC OFFICIAL OVER \$150,000.	Are bank accounts reconcil		rized to deposit o		icant's Net Worth		ver Dischar mployment?	ged From any Yes No	T
	PUBLIC	withdraw from the accoun	ts? Yes No		\$			hy?	1es 10	
1	OFFICIAL									
	BOND NO FINANCIAL STATEMENT	Net Worth:	Elected	Date:		Term of Office:		mium will b		
	NECESSARY, APPLICANT SIGN	\$	Appointed					Annually?	for term?	
	APPLICATION OVER \$100,000, INTERNAL CONTROL DATA	mut an iii								
	SECTION OVER \$150,000.	Title of Position		Main Sources of	f Organ	ization's Funding				
0	FIDELITY	P								_
7	BOND	Purpose or Function of Org	ganization							
	NO FINANCIAL STATEMENT NECESSARY. COMPLETE									
	INTERNAL CONTROL DATA.	Name of deceased (Ward)		Date of death		Date of appointm	(Tf C	To opplied		
		Name of deceased (ward)		Date of death	1	months, please ex		or trust?	ant indebted to the est	es,
0	DDODATE	Has applicant had prior pas	assign of actors assets	Yes No	Ifmag	ulassa amulain		explain o	n an attached sheet.)	+
3	PROBATE BOND	Has applicant had prior poss (i.e. Power of Attorney, bar		☐ Yes ☐ No	II yes.	please explain.				
U	NO FINANCIAL STATEMENT	Name and address of attor		the hand; submit	it to ou	uu uu dammitana \			T-lb#	+
	NECESSARY. HAVE APPLICANT SIGN	ivame and address of actor	ney (11 none, do not write	the bond, submit	i it to ot	ar underwriters.)			Telephone #	
	THIS APPLICATION.	Will the attorney remain in	avalved throughout the	Assats of astata or	n twict /	(dogawiha)				+
		duration of this estate?	Yes No	Assets of estate of	i trust ((describe)				
		Name, age, and health stat	tue of	T A	pplican	t's relationship to		Δ1	1:	+
		minor(s)	ous 01	A	dec	eased			licant's net worth:	
		incompetent	1 10 0	10	_	rd(s)		\$		+
An	y person who, with intent	Are guardianship funds to Yes No Approxim				t is the source of th ot execute the bond			an insurance settleme derwriter.)	ent,
he	defraud or knowing that is facilitating a fraud	(Please send copy of court of	order authorizing monthly							_
	ainst an insurer, submits application or files a	Who are the heirs of this es	state?						objected to the appointment as fiducia	ary?
cla	im containing a false or	Will			T- 41-	. 1 . 1	41 - 1 1	· · · · · · ·	Yes No	_
	ceptive statement is lity of insurance fraud.	Will any going business of by fiduciary? (If yes, send a			-	is bond required or Yes No Who		of an intere	ested person:	
		Name and address of court								_
		Name and address of court								
		What is the applicant's exp	oriones in handling fidus	:	i?					+
		what is the applicant's exp	erience in nandling fluuc	iary responsibilit	ies:					
4	☐ REFEREE'S									+
4	☐ RECEIVER'S ☐ TRUSTEE'S	Plaintiff		Name and ad	dress of	f applicant's attorn	ney			+
_	BOND									
	NO FINANCIAL STATEMENT	Defendant		Name and loc	cation of	f Court		A	pplicant's net worth:	+
	NECESSARY. HAVE APPLICANT SIGN									
	THIS APPLICATION.									+
		Name and location of Cour	t			Name of	Defendant			
1	COURT BOND									
	OTHER THAN 3 AND 4	Name and address of attor	ney						rder bond, does applic	
	HAVE APPLICANT SIGN								or underwriting.	1:
	THIS APPLICATION.	Explain purpose of bond (st	ubmit copy of relevant do	cuments)						
0	LICENSE AND	Net worth:	General liability insur	ance carried?	Ves [No State licer	nse number a	ssigned to a	pplicant, if applicable	
h	PERMIT BOND	\$	(Give limits)	ance carried.	165	#	use number a	ssigned to a	ppiicant, ii applicable	
U	HAVE APPLICANT SIGN THIS APPLICATION.	*								+
	THIS ALL LICATION.	Serial Number and descrip	tion (Please submit a copy	y or sample of the	9	Date of instrumen		o applicant		o
		form it was on.)					If not, wh	o is it paya	ble to?	
	LOST SECURITIES	Are securities endorsed?	Describe manner of loss			Has no	tice of loss be	en given?	Yes N	0
	PLEASE HAVE APPLICANT SIGN	Yes No				When?	•	To Wh	om?	
	THIS APPLICATION.	If registered, in whose nam	e? If a check, has payn	nent been stopped	1?	If a deed of trust of	or note, has ei	ther been in	nvolved in a lawsuit?	Т
			Yes No If so	, when?		Yes No	Was a ju	dgment obt	ained? Yes N	0
	CEDMIEICAME	Vehicle Make	Vehicle Model			Vehicle Y	- T	-Lisla VIIN		T
	CERTIFICATE OF TITLE BOND	venicie make	venicie iviodei			Venicle Y	ear	ehicle VIN		
	HAVE APPLICANT SIGN	Is there a lien or lien holde	r? Yes No If	yes, list and exp	lain					+
	THIS APPLICATION.	20 more a nen or nen none	. Les Livo II	yes, ust and exp.	iaifi.					

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Guidelines for Completing and Signing a Form 10 Application For Bond—Any Kind and Form 10-E—Easy Application

Acceleration Number:	
COMPLETE APPLICABLE SECTION ON REVERSE SECTION ON R	e have examples showing five ways to sign an application.
Auto Officio Individual Purmensiajo Pu	
Form 10 Coppositive Company APPLICATION FOR BOND—ANY KIND Linuary Liability Company 2	INDIVIDUAL OR SOLE PROPRIETORSHIP
Limited Liability Partnership	
Residence Address	Complete Section One ① in the Individual's name showing the business trade name, if there is one, e.g. John Doe DBA Doe Company.
Stree and Numbers (Cary) Cases (Fig. Completes fi	Signed this 20th day of april , 20/2
State on Notice of Notice (Cital State (Cital Geophiem I) Occupation or transfers How long to copage d? Previous Surety Yes No. If yes, give same and name for disage.	day of
Type of Bond Amount of Bond Effective Date	Ci
Complete name and address of Obligge	Signature & Business/Corporate/Title
FINANCIAL STATEMENT as of	\sim $^{\lambda}$
Check applicable section on the reverse side to see whether a financial statement is necessary. Check one: Business Financial Sustement Personal Financial Sustement	Jane Doe "Indemnitor"
ASSETS LIABILITIES Croft (List Banks) Accounts Physible	NOTE: Personal indemnitors should sign their names before the word "indemnitor".
Tarent date & secreted Stocks + Bosass — Describe Notes Payable to Bank	
Notes Receivable — Describe Murpage on Real Estate A b)	PARTNERSHIP
Merchandise or Material in Stock Montpage on Real Estate B Accounts Receivable Other Lightities — Describe	
Real Estate. Homestead A Real Estate, Investment B TOTAL LIABILITIES	Complete Section One ① using the full names of all partners indicating the business trade name, e.g. John Doe and James Doe DBA Doe
Furniture and Fistures Capital Sock (Paid on Other Assets - Describe NFT WORTH OR SURPLUS	Company.
TOTAL ASSETS TOTAL Liabilities and Net Worth Gross Sales - Two Years Ago Last Year Net Income - Two Years Ago Last Year	Signed this 20th day of april, 2012
The extractive of against and independent hereby recognitive for any first content of the conten	bighed this,,,
application to the meters or merror at the foreign day presented or actual colors, or in the development proposes in determined by the Company in to transmit discretization, and profits	
Are sourch so the border of the state freeh freeh production. On the descriptions of the descriptions, or in challenge or feature and revolutions in which hopes, regardings of whether work statistics, which is used to be completely as an experience of a contract production of the completely as a feature work of the completely as a feature work of the completely as a feature of the completely as a fea	Signature & Business/Corporate Title "Indemnitor"
The ref. or among data was the right to sweder, which we interview as in a port fault. As contact customer of less and common accurate for the Company, when in the save efficient of the Company, shall be grown approximate for the Association of the Company of the Company. Company may be found to make the Company of the Company. Company may destine to make the major may be found and now cauciff or second one most welfavor command welfavor about major usine destination. The Company may destine to make the major may be found and now cauciff or second one most welfavor command welfavor which major usine destination. The Company may destine to make the major may be found and now a positive for second one may be found to the company of the com	Λ Ο
The Third is a contract to the	James Voe "Indemnitor"
This Total and final and the control of the control	Jane Doe "Indemnitor"
Arrison of direct types type from the electrical pageness are made. Spirator & Process Congress Congr	This part is a second of the s
Agency Solvenson	Ann Doe Indomnitor
Address	NOTE: Personal indemnitors should sign their names before the word "indemnitor".
Agent's Code	1011. 1 0100mar machineto onota orga vica name o ocioco vica vica inaciminos
AGENT'S RECOMMENDATION	
Your recommendation will be included and may be the difference between gening a related or having the hand written. Tell is what you know and think of the applicant.	CORPORATION
	Complete Section One ① using the name of the corporation only, e.g.
AGENT: Check here if this correspondence was previously faxed to CNA Surety.	Doe Corporation, Inc.
LIEU DELLI LILVING	Signed this 20th day of april, 2012
HELPFUL HINTS	Ista De Precident
a) INDIVIDUAL OR SOLE PROPRIETORSHIP—The individual or	Signature & Business/Corporate Title
sole owner and spouse should sign Section Two ② before the word "Indemnitor". When providing financial statements,	John DR "Indemnitor"
separate business and personal statements are preferable.	James Ooe "Indemnitor"
b) PARTNERSHIP—Each partner and his or her spouse should sign	James Ooe "Indemnitor"
	"Indemnitor"
Section Two ② before the word "Indemnitor". If additional personal indemnity is required, the individual may sign their	* 1 5 7 1 1
name and write the word "Indemnitor" after their name in their	Hnn De, Indemnitor
own handwriting. When providing financial statements, send a	NOTE: Personal indemnitors should sign their names before the word "indemnitor".
financial statement for the partnership along with personal	* In some cases the owners' spouses may also need to sign.
statements for each partner.	LIMITED LIABILITY COMPANY (LLC) OR PARTNERSHIP (LLP)
c) CORPORATION—An officer should first sign Section Two ② on behalf of the corporation (indicating his/her corporate title;	Complete Section One ① in the name of the limited liability company or
however, "owner" is NOT an acceptable title) and then sign a	partnership only, e.g. Doe Company, LLC or Doe Company, LLP.
second time as a personal indemnitor, before the word	Signed this 20th day of april, 20/2
"Indemnitor". All other owners should also sign as personal	bighed this the day of the same of the sam
indemnitors before the word "Indemnitor" on each line. *In most	John Dol, Manager
cases, the owners' spouses also need to sign. If additional	John Dol, Moneger Signature & Business/Corpolate Title Dre "Indemnitor"
personal indemnity is required, the individual may sign their name and write the word "Indemnitor" after their name in their	
own handwriting. When providing financial information, supply a	James Voe "Indemnitor"
corporate financial statement along with individual financial	* Jane Doe "Indemnitor"
statements and current addresses for the owners.	Thue mintor
d) LIMITED LIABILITY COMPANY (LLC) OR PARTNERSHIP	* Jane Doe "Indemnitor" * Ann Doe, Indemnitor
(LLP)—An authorized manager, member, or partner should first	NOTE: Personal indemnitors should sign their names before the word "indemnitor".
sign on behalf of the Limited Liability Company or Partnership	* In some cases the members/owners'/partners' spouses may also need to sign.
(indicating his/her company/partnership title; however, "owner" is	
NOT an acceptable title) and then sign a second time as a personal indemnitor, before the word "Indemnitor". All other	OUTSIDE INDEMNITY (Relatives, Friends, etc.)
members/owners/partners should also sign as personal	Complete Section One ① in the applicant's name following (a), (b) or (c) above.
indemnitors before the word "Indemnitor" on each line. In most	
cases the members'/owners'/partners' spouses also need to sign. If	Signed this 20th day of april , 20/2
additional personal indemnity is required, the individual may	
sign their name and write the word "Indemnitor" after their name	Signature & Business/Corporate Title
in their own handwriting	Lown Use "Indemnitor"
e) OUTSIDE INDEMNITY (Relatives, Friends, etc.)—When outside	Jane Doe "Indemnitor"
indemnity is required, the proposed indemnitors should sign	
Section Two ② below the applicants' signature(s) and before the word "Indemnitor". If additional personal indemnity is required,	John Henry "Indemnitor"
the individual may sign their name and write the word	Joseph Smith Inflorm item
"Indemnitor" after their name in their own handwriting. The	NOMB B
outside indemnitors should provide their personal financial	NOTE: Personal indemnitors should sign their names before the word "indemnitor".

NOTE: Financial statements may be submitted on the FORM 10 APPLICATION or on CNA Surety's Form #60—Financial Statement. Copies of Bank or Accountant prepared financial statements are also acceptable.

statements and current addresses.



Cancellation Guidelines

To assist in understanding the numerous and diverse rules for bond cancellations, we have developed the following guidelines. There are many exceptions to the rules, so please contact your underwriting office with any specific questions.

- 1. First year premiums are usually considered fully earned.
- 2. Bonds that renew with a renewal bond or continuation certificate (in other words they're not continuous in nature) are cancellable upon the return of the original bond, renewal bond or continuation certificate. In the absence of the original renewal document, send written verification from the obligee (state, county, city, etc.) that the bond was not filed or used.
- 3. Many continuous bonds contain a cancellation clause which allows us to send notice of cancellation or nonrenewal to the obligee. Our notice must comply with the terms of the cancellation clause and conform to any applicable state laws. You can normally determine if there is a cancellation clause by reading the bond form.
- 4. Some continuous bonds **do not** contain a cancellation clause, so the only way we can cancel them is upon receipt of a letter of release from the obligee. The obligee's letter should state the principal's name, bond number, and the date our liability is considered terminated.
- 5. Probate Bonds usually require a court order to terminate our liability. Send us a copy of the Final Order of Discharge to cancel this type of bond.
- 6. Public Official Bonds written to coincide with a term of office require a signed letter of release from an official of the jurisdiction. That official must have the proper authority to release the bond.
- 7. Many state laws have been enacted in recent years which restrict us from effecting cancellation or nonrenewal except under specified circumstances. Providing us with a reason for cancellation is helpful for determining if we are allowed by law to do so.

Please contact your underwriting office if you would like to have any of these rules explained in more detail or if you have a question about how the above rules affect a specific bond.

P. O. Box 5077 Sioux Falls, SD 57117-5077 1-800-331-6053 Fax 1-605-335-0357