CNA SURETY

Form 40
PUBLIC OFFICIAL AND EMPLOYEE'S BLANKET BOND APPLICATION

Complete Name of Obligee	Classify Obligee State ☐, county ☐, city ☐, town ☐, village ☐, or other political subdivision ☐
Physical Address (Street & Number) (City) (State) (Zip)	Mailing Address (if different than Physical Address) (Street & Number) (City) (State) (Zip)

BOND INFORMATION

Amount of Bond $	Effective date	**Premium payable:** prepaid ☐ 1 yr, ☐ 2 yrs, ☐ 3 yrs, ☐ 4 yrs

TOTAL NUMBER OF EMPLOYEES

TYPE OF COVERAGE

Insuring Agreement 1 ☐ Honesty Blanket Bond Coverage — Covers all public employees for a stated amount.
Insuring Agreement 2 ☐ Honesty Blanket Position Bond Coverage — Covers each public employee for a stated amount.
Insuring Agreement 3 ☐ Faithful Performance Blanket Bond Coverage — Covers all public employees for a stated amount.
Insuring Agreement 4 ☐ Faithful Performance Blanket Position Bond Coverage — Covers each public employee for a stated amount.

Give specifics on any additional indemnity desired under any Insuring Agreement on any position.

Position	**Amount of Excess Coverage (if any)**

AUDITS

How often will a complete audit be made?	When was last audit made?	By whom was audit made? Public Official ☐ Certified Public 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? ☐ Yes ☐ No

Agency	Date
Address (Street)	Name of Obligee
(City) (State) (Zip)	By Signature and Title
Agent's Code ____ ____ — ____ ____ ____ ____ ____	

P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
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