

**Northeast Agencies National Bond Program (31-21688)
An Allstate Commercial Expanded Market Program**



APPLICATION FOR WASHINGTON INSURANCE PRODUCER BOND

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership

| | | | |
|---|----------------------|---|---------------------|
| Applicant (For partnership, give full names of partners and trade names) Please print or type | | Social Security # | |
| Residence Address | | | |
| (Street and Number) | (City) | (State) | (Zip) (Telephone #) |
| Occupation or business | How long so engaged? | Previous Surety <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and reason for change. | |
| Type of Bond Insurance Producer | Amount of Bond \$ | Effective Date | |
| Complete name and address of Obligee Washington Department of Insurance | | | |

Your Agency Name _____

Agency Address _____
(Street)

(City) (State) (Zip)

Agency Telephone # _____

Agency Fax # _____

Social Security # or Tax ID # _____

Agent Code _____

- This application is for the Washington Insurance Producer bond requirement.
- Bonds with a penalty amount of \$25,000 or greater require a signed Form 10-E Application.
- Premium = \$10.00 per thousand subject to a \$100.00 annual minimum premium.
- Please fully complete this application and fax to 1-605-335-0357.
- If you have any questions, please call 1-800-655-3551 and indicate you have a question regarding the Washington Insurance Producer bond you are required to obtain.

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**Phone: 1-800-655-3551 • Fax: 1-605-335-0357
<http://CEM.cnasurety.com> • Email: uwservices@cnasurety.com**