



## Instructions - License and Permit Bond for a City, County, Town or Village

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### **BUY Your License and Permit Bond:**

Bond America and CNA Surety have partnered to support you with your License and Permit bond needs. As partners, we uniquely understand the urgency around your bond need and the importance of helping you file the properly completed bond correctly — the first time.

### **Application Process:**

Simply complete the application that follows; making sure to complete all applicable fields providing your email /phone number in case we need to contact you. Then, simply click the Submit button delivering the application to CNA Surety's Processing Center. In most cases, you will receive the executed bond via email for you to print, sign and file with the obligee's office. If the bond must be mailed due to a state's wet signature / compression seal requirement, you will be notified via email as well.

You should expect to receive a response to your submission by the end of the next business day. Payment Instructions either via a bank transfer or credit card will accompany the bond.

### **Additional Instructions — Filing, Maintenance, Cancellation, Payment:**

Whether you have questions around filing your bond, making changes, making a payment, technical issues with the application, or any other request, help is just a phone call away at **877-280-7313** - ***please reference you are calling about Bond America bond submission.*** Between 7:30 am and 6:00 pm Central Time, you will be connected to Specialists who can quickly answer your bond related questions or make changes to your bond. After hours, feel free to leave a voice mail and expect a response early the next business day. If you prefer email, contact us at [info@cnasurety.com](mailto:info@cnasurety.com) and receive the same fast, knowledgeable service.

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101 S. Reid St.  
Sioux Falls, SD 57103

Phone: 800-331-6053 • FAX: 605-335-0357  
Email: [info@cnasurety.com](mailto:info@cnasurety.com) • Web: [www.cnasurety.com](http://www.cnasurety.com)



P. O. Box 69  
Conway, AR 72032

Phone: 501-255-2663 • FAX: 501-255-3299  
Email: [grantw@bondamerica.com](mailto:grantw@bondamerica.com)  
Web: [www.bondamerica.com](http://www.bondamerica.com)



## License and Permit Bond Application

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

|   |                      |                      |     |
|---|----------------------|----------------------|-----|
| Applicant (For partnership, give full names of partners and trade names) Please Print |                      | Social Security #:   | Age |
| Residence Address   |                      |                      |     |
| Business Address  |                      |                      |     |
| Email Address   |                      | Telephone Number     |     |
| Type of Bond  | Amount of Bond<br>\$ | Effective Date       |     |
| Complete name and address of Obligee  |                      |                      |     |
| Occupation or business  |                      | How long so engaged? |     |

| Your CNA Surety Agent is: |       |        |           |
|---------------------------|-------|--------|-----------|
| Bond America              |       |        |           |
| Address P. O. Box 69      |       |        |           |
|                           |       | Street |           |
| Conway                    | AR    | 72032  |           |
| City                      | State | Zip    |           |
| Agent's Code              | 0 3   | —      | 1 6 9 6 1 |

**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.**



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077  
 1-800-331-6053 FAX 1-605-335-0357  
[www.cnasurety.com](http://www.cnasurety.com)

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