☐ 2 yrs ☐ 3 yrs Form  EASY APPLICAT  The submission of this application by the Applicant and its owners is and its owners. The Company reserves all rights and legal duties ass including, but not limited to the right to handle or settle any claim or Applicant and its owners. This Agreement shall be in addition to and in PLEASE PRINT OR TYPE.	(Application Number)    Individual Partnership   Corporation
Applicant(s) - Individual, partners, or corporate owner(s). List the principal owner first. Attach additional Form 10-E's and cross reference if more than four owners.  1. Name	Name  Residence Address
Telephone # Single Social Security No Married  Does this applicant own real estate? Yes No  2. Name Residence Address Single Telephone # Single Social Security No Married	Telephone #
Does this applicant own real estate? Yes No  Business or Corporate Name:	Does this applicant own real estate? Yes No
Business Address	in this Business: Licensed:  Type of Bond Requested:
Telephone #	Amount of Bond: License No. \$ Effective date:
Has the business, or any other owner/applicant: a. Ever been convicted of a crime? b. Ever had their license suspended, revoked or denied? c. Ever been party to a surety bond claim? (If any answers are yes, provide details.)  Agent's recommendation/additional comments:	Entity requiring this bond (and address): STATE OF COLORADO-AUTO INDUSTRY DIVISION DENVER, CO 80261-0016
Agency CIADA	Any nerson who with intent to defraud or

Check here if this correspondence was previously faxed or emailed.

Address 950 WADSWORTH BLVD., SUITE 101



CO

80214

P.O. Box 5077 • Sloux Falls, South Dakota 57117-5077 www.cnasurety.com

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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**LAKEWOOD** 

City
Agent's Code 0