

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs



(Application Number)

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

**Form 10-E
EASY APPLICATION FOR BONDS**

The individual named below, who is the owner/officer/related party of the applicant for this bond/policy, requested that this application be submitted to the Company (Continental Casualty Company and its related writing companies Western Surety Company, Surety Bonding Company of America and Universal Surety Company of America) for the purpose of "Underwriting" (determination for acceptability; potential, actual or future pricing; and other related services) of this bond/policy. A copy of such request for "Underwriting" of the bond/policy requested by the below individual was provided to and is maintained by this agent/agency (or has been forwarded to the Company). Further, this agent/agency discussed with the owner/officer/related party named below concerning the use of his/her personal credit history to facilitate the "Underwriting" of the applicant and received consent to use his/her personal credit history for such Underwriting purpose.

The Company reserves all rights and legal duties associated with this application and any and all bonds issued as a result: including, but not limited to the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding on the Applicant and its owners. This agreement shall be in addition to and not in lieu of or in replacement of all other indemnity agreements.

PLEASE PRINT OR TYPE.

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 _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

2. Name _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

3. Name _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

4. Name _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

Agency _____		
Address _____		
Street		
City	State	Zip
Agent's Code _____		

Check here if this correspondence was previously faxed or emailed.

Business or Corporate Name:

Business Address _____

Telephone # _____

Number of Years in this Business: _____	Number of Years Licensed: _____
Type of Bond Requested: _____	
Amount of Bond: \$ _____	License No. _____
Effective date: _____	

Has the business, or any other owner/applicant:

- a. Ever been convicted of a crime? Yes No
- b. Ever had their license suspended, revoked or denied? Yes No
- c. Ever been party to a surety bond claim? Yes No

(If any answers are yes, provide details.)

Entity requiring this bond (and address):

Agent's recommendation/additional comments:

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
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ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

MVT 4-2
Rev. 9/19

P. O. Box 327640 • Montgomery, AL 36132-7640
www.revenue.alabama.gov

Non-Dealer Application For Designated Agent

COMPANY NAME: _____ TELEPHONE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different from above): _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Qualifier (*qualifiers 3, 4, and 5 may only process title applications and cancellations for manufactured homes*):

- 1) **Alabama Financial Institution**
Attach a copy of your company's Title 5, Chapter 19, State Banking License, credit union charter or section 83 occupational license (obtained from your county license issuing official).
- 2) **Alabama Pawnshop**
Attach a copy of your Alabama Pawnshop License.
- 3) **Out of State Financial Institution – Manufactured Homes Only**
Attach a copy of your company's State business or regulatory license.
- 4) **Law Firm – Manufactured Homes Only**
Attach evidence that a principal of the firm is admitted to a State Bar.
- 5) **Title Agent – Manufactured Homes Only**
Attach a copy of your certificate of authority issued by the Alabama Department of Insurance.
- 6) **Towing Company**

PRINCIPAL NAME(S)	TITLE	HOME ADDRESS	HOME TELEPHONE
1			
2			
3			
4			

A Corporate Surety Bond in the amount of **\$25,000.00**, payable to the State of Alabama, is required to qualify as a Designated Agent.
(The surety bond is required to be on Department form MVT 4-3.)

The undersigned states under the penalties of perjury that all information contained in this application is true and correct to the best of his/her knowledge and belief:

BY: _____
SIGNATURE AND TITLE

NOTE: A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH BRANCH OR LOCATION AND A SEPARATE ACCOUNT NUMBER WILL BE ISSUED. YOU MAY DUPLICATE THIS FORM OR REQUEST ADDITIONAL FORMS FROM THIS DEPARTMENT.



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

P.O. Box 327643 • Montgomery, AL 36132-7643
www.revenue.alabama.gov

MVT 4-3 9/19

Bond Number

Motor Vehicle Surety Bond

KNOW ALL MEN BY THESE PRESENTS, that we _____

City _____, County _____, State _____,

As Principal (hereinafter called Principal), and _____

NAME OF SURETY

_____ of _____, as
Surety (hereafter call Surety), are held and firmly bound unto the Commissioner of Revenue of the State of Alabama in the sum of Twenty Five
Thousand Dollars (\$25,000.00), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators,
successors, and assigns, jointly and severally, firmly by these presents. The conditions of the foregoing obligation are such that:

WHEREAS, the Principal has been duly licensed as a "Motor Vehicle Dealer" by the Alabama Department of Revenue as provided in Sec-
tions 40-12-390 through 40-12-400, Code of Alabama 1975, subject to the execution of this bond.

WHEREAS, the Principal has been duly appointed as a "Designated Agent" by the Alabama Department of Revenue as provided in Sections
32-8-34 and 32-20-22, Code of Alabama 1975, subject to the execution of this bond.

WHEREAS, the Principal has been duly appointed as a "Title Service Provider" by the Alabama Department of Revenue as provided in
Sections 32-8-2 and 32-8-34, Code of Alabama 1975, subject to the execution of this bond.

WHEREAS, the Principal has been duly appointed as an "Automotive Dismantler and Parts Recycler" by the Alabama Department of Revenue
as provided in Sections 40-12-410 through 40-12-425, Code of Alabama 1975, subject to the execution of this bond.

WHEREAS, the Principal has been duly licensed as a "Manufacturer" or a "Boat Dealer" by the Alabama Department of Revenue as pro-
vided in Sections 32-6-212, Code of Alabama 1975, subject to the execution of this bond.

NOW THEREFORE, in consideration of the Premise:

If the aforementioned Principal shall well and faithfully perform the duties as such "Motor Vehicle Dealer" and "Designated Agent," then
this obligation shall be null and void; otherwise, the same shall remain in full force and effect.

It is expressly understood and agreed that neither this obligation nor any liability thereunder shall be released or the validity thereof
affected by reason of the adoption by the State of Alabama of any Act in lieu of or amendatory to said laws, but this obligation shall continue
in full force and effect with respect to said statutes or any amendments thereto or changes therein which may be adopted before the cancellation
of this obligation as herein provided, or before the actual cancellation and surrender of this obligation by the State of Alabama pursuant to any
law now existing or hereafter adopted relating thereto.

The Surety on this bond may be released and discharged from any and all liability to the State of Alabama accruing on this bond after the
expiration of sixty (60) days from the date upon which said Surety shall have filed with the Alabama Department of Revenue written request
to be released and discharged provided; however, such request shall not operate to relieve, release or discharge such Surety from any liability
already accrued or which shall accrue before the expiration of said sixty (60) day period.

IN WITNESS WHEREOF, we hereunto set our names and seals on this _____ day of _____, _____ .
(postdated bonds not acceptable)

(Surety)

Authorized Representative of Business (Principal) - Typed Name

(Agent of Surety Company) - Typed Name

Authorized Representative of Business (Principal) - Signature

(Agent of Surety Company) - Signature

Authorized Representative of Business (Principal) - Typed Name

(State of Alabama, Commissioner of Revenue)

Authorized Representative of Business (Principal) - Signature

(See back for instructions)



ALABAMA DEPARTMENT OF REVENUE
 MOTOR VEHICLE DIVISION
 www.revenue.alabama.gov
Power of Attorney

A.

VEHICLE IDENTIFICATION NUMBER (VIN)*												YEAR	MAKE	MODEL
BODY TYPE						LICENSE PLATE NUMBER						STATE OF ISSUANCE		

B.

Taxpayer Information	Representative(s): Hereby appoint(s) the following representative(s)
Taxpayer Name(s) and Address (Please Type or Print)	Name and Address (Please Type or Print)
Email Address _____	Email Address _____
Telephone Number (_____) _____	Telephone Number (_____) _____

As my attorney-in-fact to sign my name and do all things necessary for the following purpose(s):

- Title application, transfer or lien filing
- IFTA transaction(s)
- register and purchase license plate(s),
- Title service provider - Section A is not required
- other purpose, *describe:* _____,

for my motor vehicle described above.

ACTS AUTHORIZED

The representative(s) is authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters described above. The authority does not include the power to receive refund checks or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR RESTRICTIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY:

▶ _____
 SIGNATURE OF TAXPAYER DATE

 SIGNATURE OF TAXPAYER DATE

Signature of Appointee: ▶ _____
 NOT VALID WITHOUT THIS SIGNATURE DATE

If a business firm or corporation is appointed, the signature shall be of an authorized representative of the firm who will perform as attorney-in-fact for the owner.

SPECIAL NOTICE: Any alterations or strikeovers shall void this Power of Attorney. Original signatures are required.