Background Investigation Authorization

I hereby certify all information provided by our agency to CNA Surety is accurate, true and complete to the best of my knowledge. If I am appointed by Continental Casualty Company, American Casualty Company of Reading, Pennsylvania, National Fire Insurance Company of Hartford or the Continental Insurance Company (collectively CNA), or Western Surety Company, any misstatement may cause this relationship to terminate. If accepted, I agree to comply with all the rules and regulations of CNA Surety and any Department of Insurance which issues a license to me. I understand and agree that I am not permitted to solicit or sell insurance in any state where I have not received a license from that state's Department of Insurance. I understand that CNA Surety may wish to investigate my background and I authorize CNA Surety to the fullest extent permitted by law, to communicate with individuals and organizations, including, but not limited to former employers, business and personal references, Government Agencies, and Credit/Inspection Bureaus to verify my history and personal credentials and to obtain other data that may help to analyze my qualifications. I agree to release CNA Surety and their officers, directors, agents, attorneys, and employees from all liability, causes of action, claims or demands, which may result from my authorizing them to investigate my background and from their furnishing and/or using information in conjunction with such investigation.

I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Any error or omission in the above referenced information can lead to immediate termination of my contract.

Printed Name	Applicant's Signature		Date
Home Address	City	State	Zip
Printed Name	Applicant's Signature		Date
Home Address	City	State	Zip
Printed Name	Applicant's Signature		Date
Home Address	City	State	Zip
Printed Name	Applicant's Signature		Date
Home Address	City	State	Zip

From: _____
Agency Name City State

Return to:
CNA Surety, Agency Department
P. O. Box 5077, Sioux Falls, SD 57117-5077
Fax #: 1-605-335-0357