

APPLICATION FOR LIABLE BAIL (AGENCY/PRODUCER)

Notice to Applicant: FEDERAL LAW – VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994, 18 U.S.C. SECTION 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

- (e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permit the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years, or both:
- (e)(2) A person described in paragraph (1)(A) may engage in business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to 18 U.S.C. Sections 1033 and 1034.

You must answer every question on the application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the application. Attach additional pages as needed. Surety will not process incomplete applications. Additional information may be requested.

(PLEASE TYPE OR PRINT <u>ALL</u> INFORMATION ON THIS APPLICATION)

SECTION I APPLICANT INFORMATION

Applicant/Owner Name _							
AKA (maiden name, etc.)	e-mail address						
Home Address							
	Street	City		County			
Date of Birth	Place of Birth	City / State /	Country		U.S. Citiz	en (yes) (no)	
Social Security #		Driver's License #	#			(attach copy)	
SECTION II	SPOUSE INFORM	<u>IATION</u>	MARRI	ED YES () NO()		
Name of Spouse		·	AKA (maio	den name)			
Date of Birth	Spouse SS#			Telephon	e #		
SECTION III	LICENSE INFOR	MATION					
Bail License #							
License expiration date _	(Attach	copies of all licens	ses) How l	ong have you be	en licensed?		
What states have you been	previously licensed in?						

Dates (From/To)	Insurance Company or	Agent/General Agent Name	
Are you engaged in any other b	usiness or occupation? (yes	s) (no) If yes, Nature of busin	ess:
Name & Address of Business:			
How long?	Owner 's Name:		
SECTION IV AG	SENCY INFORMA	ATION	
			(Attach list of all DBA names)
			Other
Business Address:			
			ounty State Zip
			agency been licensed?
Estimate of liability written dur	ring the past 12 months		
Do you currently have a Build-	Up-Fund with another insur	ance company? (yes) (no)	
If yes, Insurance Company Nan	ne :	BUF Ba	alance:
Company Nan	ne :	BUF Ba	alance:
Have you ever had bond forfeit	ure payments paid out of yo	our BUF? (yes) (no)	
If yes, please explain why:			
SECTION V AP	PLICANT CRIMI	NAL AND REGULAT	TORY HISTORY
Have you ever-declared bankru	ptcy: (yes) (no)	(If yes, attach an explanation.)	<u> </u>
Have you ever been denied or r (If yes, attach a full explanation		a bail license suspended or revok	ted? (yes) (no)
Have you ever had your bail co (If yes, please attach specific in			0)
	al turpitude or currently		to a felony, gross misdemeanor or a nor or felony charges against you
(If yes, please attach detail exp	planation giving dates, nam	es and address of courts, basis	of charges, outcomes and whether you

received an executive pardon.)

SECTION VI PERSONAL FINANCIAL INFORMATION

Bank name and city		LIABILITIES (DEBT – those Y	
Bank name and erry	Balance	Real Estate Debt	Loan balan
			
	•	-	
Cash on hand			
REAL ESTATE & OTHER PRO			
you own, vehicles, receivables (those			
Description	Value	Other (loans, credit cards, etc.)	Loan balance
		-	
			<u> </u>
experience along with reasons for will be requesting information fr	termination of past empor various federal, stat	formation as to my character, work bloyment from previous employers. I see and other agencies which maintain ther experiences as well as claims in the control of the contr	also understand that y
I authorize, without reservation, to you.	any party or agency con	ntacted to furnish the above-mention	ed information about
I have a right to make a written nature and scope of this investigat		able period of time to receive addition	al information about
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