



## 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. Financial Casualty & Surety, Inc will not process incomplete Applications. Additional information may be requested.

(PLEASE TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION)

### SECTION I - APPLICANT INFORMATION

Applicant First Name:		Middle Name:	Last Name:		Suffix:
Applicant Physical Address:				County:	
City:		State:		Zip:	
Applicant Mailing Address:				County:	
City:		State:		Zip:	
Maiden Name:		Email			
Home Phone #		Cell Phone #			
Date of Birth:		Place of Birth:		U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security #:		Driver's License # (attach copy):			

### SECTION II - SPOUSE INFORMATION Married: Yes No

Spouse First Name:		Middle Name:	Last Name:		Suffix:
AKA (maiden name)			Date of Birth		
Spouse SS#			Telephone #		

### SECTION III - LICENSE INFORMATION

Bail License #	
License expiration date (Attach a copy of current license):	How long have you been licensed?
What states have you been previously licensed in?:	
List all Insurance Companies and Agents/General Agents that you have issued bail bonds for and/or been appointed with:	
Dates (From/To):	Insurance Company or Agent/General Agent Name:

Are you engaged in any other business or occupation? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Nature of business:
Name of Business:		
Address of Business:		
City:		State: Zip:
How long?		Owner's Name:

### SECTION IV - AGENCY INFORMATION

Legal Business Name (Attach list of all DBA names):		
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> DBA <input type="checkbox"/> Other		
Business Address:		
City:		State: Zip:
Business Mailing Address:		
City:		State: Zip:



Business Phone #:	Fax #:
Cell #:	E-mail address:
Tax ID #:	Agency License #:
License Expiration Date (Attach copies of all licenses):	How long has agency been licensed?

Estimate of liability written during the past 12 months:

Do you currently have a Build-Up-Fund with another insurance company? Yes  No

If yes,	Insurance Company Name:	BUF Balance:
	Insurance Company Name:	BUF Balance:

Have you ever had bond forfeiture payments paid out of your BUF?

If yes, please explain why:

**SECTION V - APPLICANT CRIMINAL AND REGULATORY HISTORY**

Have you ever-declared bankruptcy? (If yes, attach a full explanation): Yes  No

Has any Regulatory Agency ever taken any disciplinary action against you, your business or any business in which you have been directly connected? Disciplinary and Regulatory Actions include but are not limited to: license suspension, revocation and/or monetary fines. (If yes, attach a full explanation): Yes  No

Have you ever had your bail contract cancelled by a surety or general agent? (If yes, please attach specific information surety name, reasons, when, etcetera): Yes  No

Have you ever been arrested, charged, convicted of or pled nolo conderere (no contest) to a felony, gross misdemeanor or a misdemeanor involving moral turpitude or currently have pending any misdemeanor or felony charges against you? (Misdemeanor does not mean minor traffic violations) (If yes, please attach detail explanation giving dates, names and address of courts, basis of charges, outcomes and whether you received an executive pardon): Yes  No

**SECTION VI - PERSONAL FINANCIAL INFORMATION**

CASH		LIABILITIES (DEBT - those YOU owe money)	
Bank name and city	Balance	Real Estate Debt	Loan balance

REAL ESTATE & OTHER PROPERTY real estate you own, vehicles, receivables (those who owe YOU money, etc)			
Description	Value	Other (loans, credit cards, etc.)	Loan balance

**RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING PUBLIC LAW 91-508**

I understand that investigative inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. I also understand that you will be requesting information from various federal, state and other agencies which maintain records concerning any past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the field of insurance.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information about me to you.

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

I hereby consent to your obtaining the above information and agree that, if appointed with you, such information you obtain along with information relating to my performance with you will be accessible through you by future insurance companies to which I might apply.

I certify that each statement therein made is full, true and correct to the best of my knowledge.

I agree that pursuant to the Violent Crime Control and Law Enforcement Act of 1994, 18 United States Code Sections 1033, 1034, I will notify Financial Casualty & Surety, Inc, in writing, within 30 days of my being convicted of a felony.

APPLICANT SIGNATURE:	Date:
SPOUSE SIGNATURE	Date:

\*REMINDER: You must report any change of address to Financial Casualty & Surety, Inc., as well as your state Department of Insurance, within 30 days of the change of address.\*