

FINANCIAL CASUALTY & SURETY, INC.

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LICENSING DIVISION
CALIFORNIA DEPARTMENT OF INSURANCE
P.O. Box 1139
SACRAMENTO, CALIFORNIA 95812

Pursuant to the requirements of Section 2095 of Title 10, California Administrative Code, I hereby authorize Financial Casualty & Surety, Inc. agents in the State of California to use the forms listed below. These forms are all filed with the California Department of Insurance.

Table with 2 columns: Date, Financial Casualty & Surety, Inc. and 2 columns: Form Number, Form Name. Lists various forms like FCS-101, FCS-102, etc.

I, _____, do agree that I will use the above forms when I collateralize and write a bond for Financial Casualty & Surety, Inc.

Date Signature of Agent
Agent Address