

APPLICATION FOR NON-LIABLE BAIL AGENT

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)

EMPLOYER INFORMATION

Agency/Employer Name:		Tax ID:	
Agency Owner Name:		Agency Phone #:	
Agency Physical Address:		County:	
City:	State:	Zip:	
Agency Mailing Address:		County:	
City:	State:	Zip:	

SECTION I - APPLICANT INFORMATION

Applicant First Name:		Middle Name:	Last Name:		Suffix:
Applicant Home Address:		County:			
City:		State:	Zip:		
Applicant Mailing Address:		County:			
City:		State:	Zip:		
Date of Birth:	Place of Birth:		U.S. Citizen: Yes No		
Social Security #:		Name of Spouse:			
Home Phone #	Cell Phone #		Email		
Do you have a current in-force bail bond license: Yes No		License #			
License expiration date (Attach a copy of current license):		How long have you been licensed?			
List states you are currently licensed in:					
List states you were previously licensed in:					
List all DBAs / Trade Names you may have and include Tax IDs					
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 No		If yes, Nature of business:			
Name of Business:					

Address of Business:						
City:		State:		Zip:		
How long?		Owner's Name:				
Have you ever-declared bankruptcy (If yes, attach an explanation): Yes No						
SECTION II - APPLICANT EDUCATION						
Highest level of education achieved:		High School	Associate	Bachelors	Advanced	Major
Name of Institution:					Date Graduated:	
Name of Institution:					Date Graduated:	
Name of Institution:					Date Graduated:	
SECTION III - APPLICANT CRIMINAL AND REGULATORY HISTORY						
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						
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.)						
Have you ever been arrested, charged, convicted of or pled nolo contere (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						
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.						
*NOTE: The signer and Financial Casualty & Surety, Inc. agree that this application may be electronically signed. If the signer chooses to sign the agreement electronically, the signer agrees that the electronic signature appearing below is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility. The signer may also print and manually sign the application and return to Financial Casualty & Surety, Inc. via electronic or regular mail.						
APPLICANT 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.						