



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 Name _____
First Middle Last Suffix

Applicant Physical Address* _____
& Street City County State Zip

Applicant Mailing Address* _____
& Street City County State Zip

Maiden Name _____ Email _____

Home Phone # _____ Cell Phone # _____

Date of Birth _____ Place of Birth _____ U.S. Citizen (yes) (no)
City / State / Country

Social Security # _____ Driver's License # _____ **(attach copy)**

SECTION II SPOUSE INFORMATION

MARRIED --- YES () NO ()

Name of Spouse _____ AKA (maiden name) _____

Date of Birth _____ Spouse SS# _____ Telephone # _____

SECTION III LICENSE INFORMATION

Bail License # _____

License expiration date _____ **(Attach copies of all licenses)** 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) (NO) If yes, Nature of business: _____

Name & Address of Business: _____

How long? _____ Owner's Name: _____

SECTION IV AGENCY INFORMATION

Legal Business Name: _____ (Attach list of all DBA names)

Type of Business (circle one): Corporation Partnership Sole Proprietorship DBA Other _____

Business Address*: _____
and Street City County 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: _____

Company Name: _____ BUF Balance: _____

Have you ever had bond forfeiture payments paid out of your BUF? (YES) (NO)

If yes, please explain why: _____

SECTION V APPLICANT CRIMINAL AND REGULATORY HISTORY

1. Have you ever-declared bankruptcy? (YES) (NO)
(If yes, attach a full explanation.)
2. 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. (YES) (NO)
(If yes, attach a full explanation)
3. Have you ever had your bail contract cancelled by a surety or general agent? (YES) (NO)
(If yes, please attach specific information surety name, reasons, when, etcetera.)
4. 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.) (YES) (NO)
(If yes, please attach detail explanation giving dates, names and address of courts, basis of charges, outcomes and whether you received an executive pardon.)

SECTION VI PERSONAL FINANCIAL INFORMATION

CASH	
Bank name and city	Balance
_____	_____
_____	_____
_____	_____
_____	_____
Cash on hand	_____

LIABILITIES (DEBT – those YOU owe money)	
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 and/or my spouse 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 SIGNED

SPOUSE SIGNATURE

DATE SIGNED

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.