



**SECTION II SPOUSE INFORMATION**

MARRIED --- YES ( ) NO ( )

Name of Spouse \_\_\_\_\_ AKA (maiden name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse SS# \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work # \_\_\_\_\_

**SECTION III APPLICANT EDUCATION**

Highest level of education achieved: High School Associate Bachelors Advanced Major: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**SECTION IV LICENSE INFORMATION**

Do you have a *current* in-force bail bond license: (yes) (no) License # \_\_\_\_\_

License expiration date \_\_\_\_\_ (**Attach copies of all licenses**) How long have you been licensed? \_\_\_\_\_

List all states (and counties) you are licensed in: \_\_\_\_\_

What states (and counties) have you been 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 V BUSINESS 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

Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Pager / Cell #: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
How long have you done business under this name? \_\_\_\_\_ Tax ID# \_\_\_\_\_

Does agency have a current in-force bail bond license? (yes) (no) License #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_ (Attach copies of all licenses) How long has agency been licensed? \_\_\_\_\_

List all states (and counties) the agency is currently licensed in: \_\_\_\_\_

What states (and counties) has the agency been licensed in previously? \_\_\_\_\_

Location of Agency bail offices: \_\_\_\_\_

Estimate of number of bonds written monthly by denomination .....

\_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ \$50,000 \_\_\_\_\_ \$100,000 \_\_\_\_\_ \$250,000

Estimate of *yearly* liability of bonds that you write \_\_\_\_\_

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: \_\_\_\_\_

**Please include list of all employees working with your bail company.**

## **SECTION VI APPLICANT CRIMINAL AND REGULATORY HISTORY**

Have any disciplinary actions ever been taken by any regulatory agency against you, your business or any business with which you have been directly connected? (yes) (no)  
(If yes, attach a full explanation.)

Have you ever been denied or refused a bail license? (yes) (no)  
(If yes, attach a full explanation)

Have you ever had a bail license suspended or revoked? (yes) (no)  
(If yes, attach a full explanation)

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.)

Have you ever been arrested, charged, convicted of or pled nolo contedere (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)



**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 Surety Financial of America, Inc, in writing, within 30 days of my being convicted of a felony.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE SIGNED