

APPLICATION FOR BAIL – Agent Indemnitor Application

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. Surety Bail Specialists General Agency, LLC will not process incomplete Applications. Additional information may be requested.

(PLEASE TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION)

Section I: Applicant Information

Indemnitor Name _____

AKA (maiden name, etc.) _____ e-mail address _____

Home Address _____
Street City County State Zip

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: 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 #: _____

Attach copies of all licenses "

Section IV: Applicant Criminal and Regulatory History

SECTION V: Personal Financial Information

CASH

LIABILITIES

REAL ESTATE & OTHER PROPERTY

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 SuretyBailNetwork.com in writing, within 30 days of my being convicted of a felony.

APPLICANT SIGNATURE _____

_____ **DATE SIGNED**

_____ **SPOUSE SIGNATURE**

_____ **DATE SIGNED**