



Personal Information

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
Social Security No.: _____ Date of Birth: ____/____/____ Driver's License No.: _____
Home Address: _____ City: _____ State: ____ Zip: _____ Home Phone: (____)____-____
Spouse First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
Social Security No.: _____ Date of Birth: ____/____/____ Driver's License No.: _____

Business Information

Business Name: _____ Business Type: Sole Proprietorship Corporation L.L.C.
Business Address: _____ City: _____ State: ____ Zip: _____ Phone: (____)____-____
Business Mailing Address: _____ City: _____ State: ____ Zip: _____ Fax No.: (____)____-____
Business E-Mail Address: _____ Business Website Address: _____

Business History

Are you presently in the bail bond business? Yes No If answered "no", go to page 2.
Do you have any relatives in the bail bond business? Yes No If answered "yes," please provide their name and your relationship:

What type of contract are you interested in? Direct Contract Contract w/ General Agent Other: _____
How long have you been in business? ____ Yrs ____ Mo
Do you write any other type of insurance? Yes, type: _____ No
List each state and county in which you do business: _____
In what capacity have you been doing bail business? As the: MGA GA Sub-Agent Owner Other _____

Surety History

Provide your recent insurance company history, beginning with your most recent surety. Current Underwriting Authority: \$ _____

Date(s)	Insurance Company	General Agent and/or Supervising Agent	Premium Rate	Build-up Fund Rate	Length of Time
Current	Name: _____	Name: _____	____%	____%	Yrs ____ Mo ____
____/____/____	Name: _____	Name: _____	____%	____%	Yrs ____ Mo ____
____/____/____	Name: _____	Name: _____	____%	____%	Yrs ____ Mo ____
____/____/____	Name: _____	Name: _____	____%	____%	Yrs ____ Mo ____

License Information

Agent License Number: _____ Effective Date: ____/____/____ Expiration Date: ____/____/____
State/County: _____ Agency License Number: _____ Effective Date: ____/____/____
Expiration Date: ____/____/____ State/County: _____

Employment History

Provide your recent employment history, beginning with your most recent employer:

Name of Employer	Location (City/State)	Position/Title	From (Year)	To (Year)	Reason for Leaving
<input type="checkbox"/> Self-Employed _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Self-Employed _____	_____	_____	_____	_____	_____
<input type="checkbox"/> Self-Employed _____	_____	_____	_____	_____	_____

References

Submit the name, address and telephone numbers of three references (preferably bail industry professionals):

Name of Reference	Relationship	Phone Number	Length of Relationship
_____	_____	(____)____-____	Yrs ____ Mo ____
_____	_____	(____)____-____	Yrs ____ Mo ____
_____	_____	(____)____-____	Yrs ____ Mo ____

Inquiries

Have you ever plead guilty, or nolo contendere to, or been found guilty of, a misdemeanor or a felony? Yes No

Do you currently have a misdemeanor or felony case pending against you? Yes No

Have you ever filed, or are currently in the process of filing bankruptcy? Yes No

Has the Department of Insurance or any regulatory or administrative agency investigated you for any type of misconduct? Yes No

Has the Department of Insurance ever refused, suspended, terminated, or fined you, your agency, or a member of your agency? Yes No

Do you have any outstanding judgments against you? Yes No

Are you a party to a lawsuit? Yes No

Does your agency or any of the shareholders, partners, or principals have a financial relationship or an affiliation with any other retail or wholesale insurance agencies, or insurance companies? Yes No

If you answered "yes" to any of these inquiries, provide a detailed explanation and materials supportive of your response: _____

Required Attachments

- A résumé of your recent work history, if available.
- Your driver's license
- Materials responsive to the Inquiries above.
- Your state or county license(s) to write bail, if applicable.
- Your personal financial statement and business financial statement, if available.

Title 28 Privacy Act, Freedom of Information Act, Title 6 Fair Credit Act, Public Law 91-508

In connection with my application for bail bond agency/bail bond agent with one or more of the affiliated companies of Fairmont Specialty, I understand that investigative inquiries are to be made on myself, and my spouse, if applicable, 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. Further, I understand that the affiliated companies of Fairmont Specialty will be requesting information from various federal, state or other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by one more of the affiliated companies of Fairmont Specialty to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from Experian, or other source deemed necessary, and agree that such information you obtain, and my experience with you, if I am contracted and appointed, will be accessible through you by future companies to which I might apply.

Signature: _____

Date: _____

Financial Statement

A. ASSETS			B. LIABILITIES			
Type	Description	Value	Type	Description	Value	
Cash		\$ _____	Personal Debt	_____	\$ _____	
*Build-up Fund Account	Surety: _____	\$ _____	Personal Debt	_____	\$ _____	
Savings Account	Bank: _____	\$ _____	Personal Debt	_____	\$ _____	
Checking Account	Bank: _____	\$ _____	Taxes Due	_____	\$ _____	
Stocks/Bonds	_____	\$ _____	Judgment(s)	_____	\$ _____	
Accounts Receivable		\$ _____	Accounts Payable		\$ _____	
Real Estate - Residential	Address: _____ Purchase Year: _____ Equity: \$ _____	\$ _____	Real Estate Loan - Residential		\$ _____	
Real Estate- Other	Address: _____ Purchase Year: _____ Equity: \$ _____	\$ _____	Real Estate Loan - Other		\$ _____	
Vehicle†	Make/Model: _____ Yr: _____	\$ _____	Vehicle Loan†		\$ _____	
Vehicle††	Make/Model: _____ Yr: _____	\$ _____	Vehicle Loan††		\$ _____	
**Net worth of bail business(es) owned	Description: _____ _____	\$ _____	*Bail Business Liabilities (i.e. Judgments)	_____	\$ _____	
**Net worth of other business(es) owned	Description: _____ _____	\$ _____	Other Business Liabilities	_____	\$ _____	
Other Assets	Description: _____ _____	\$ _____	Other Liabilities	_____	\$ _____	
Other Assets	Description: _____ _____	\$ _____	Other Liabilities	_____	\$ _____	
A - Total Assets		\$ _____	B - Total Liabilities		\$ _____	
					Net Worth (A - B)	\$ _____

*Applies to applicants in the bail bond business.

**Attach business financial statement(s).

[Click Here to Submit the Form Electronically](#)