

Part I - Identification

Please read carefully and complete all information - either print or type your answers.

Date: _____ Direct Agent: _____

Name of Applicant: _____

Social Security #: _____ Date of Birth: _____ Place of Birth: _____

Agency or Trade Name (if any): _____

Business Address - How long at current address: From: _____ To: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax Number: _____

Cellular Phone: _____ Pager Number: _____

Home Phone: _____ E-mail Address: _____

Home Address - How long at current address: From: _____ To: _____

City: _____ State: _____ Zip: _____

Previous Home Address - How long at previous address: From: _____ To: _____

City: _____ State: _____ Zip: _____

Are you a citizen of the United States? Yes No

If NO, name your country of citizenship. _____

Are you a legal Alien? N/A Yes No If YES, attach a copy of your green card.

If married, what is the full name of your spouse? _____

Attach copy of your driver's license



Part II - Background Information

A. Do you now or have you ever held an insurance and/or bail bond license?

Yes No If YES, and the license is still in force, attach a copy. If the license is not in force, attach a letter of clearance from the last state where you held a resident license.

If YES, list the names of all insurance companies with which you have been associated and the dates & reason for leaving.

Company: _____ Date: _____ Reason: _____

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Company: _____ Date: _____ Reason: _____

B. Do you currently have a Build-Up Fund with another company or general agent?

Yes No If YES, please advise of the account balance and company.

Company: _____ Balance: \$ _____

Company: _____ Balance: \$ _____

C. Has any disciplinary action, including but not limited to, refusal, suspension, revocation, ever been taken by any regulatory agency in any state against you or any business with which you have been directly connected?

Yes No If YES, provide full explanation on a separate sheet of paper.

D. Have you ever been convicted of, pleaded guilty or no contest to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? ("Misdemeanor" does not include minor traffic violations.)

Yes No If YES, give date, name and address of court, basis of charge, outcome and whether you received an executive pardon. Also attach certified copies of the information or indictment and final adjudication.

E. Does any insurer, general agent, agent or broker claim you are indebted to it for unpaid premiums, mishandling collateral, losses sustained or any other reason?

Yes No If YES, provide details.

F. To the best of your knowledge, have any complaints been made against you to any Insurance Department?

Yes No If YES, give the nature of the complaint(s) and the final resolution.

Part III - General Information

A. How long in the Bail Business? _____ Estimated Annual Liability \$ _____

ATTACH A COPY OF YOUR LAST EXECUTION REPORT AND FORFEITURE REPORT.

B. What is the single largest forfeiture you can pay right now? _____

C. Please list all the counties in which you are currently writing your bonds. Attach a list if more space is required.

D. List your prior business connections for the preceding 5 years, including the reason for leaving such affiliation. Please attach a copy of your resume, if available.

From	To	Company & Address	Position & Duties	Reason for Leaving

Part IV - Certification

I certify that I have received proper training and instructions and I am familiar with the laws and all related rules and regulations, as pertain to the proper conduct of the Surety Bail Bond business in the State in which I wish to be licensed.

I hereby authorize the release of any information necessary to make any investigation of my personal history and financial information through any investigation or credit agency or bureau of your choice.

I have carefully reviewed this application and have answered said questions to the best of my knowledge and ability and the answers are true and correct and do not contain any statement which would tend to be misleading.

DATED: _____

Signature of Applicant

ALLEGHENY CASUALTY

INTERNATIONAL FIDELITY

ASSOCIATED BOND

**Acknowledgment and Authorization
for Consumer Records**

In connection with your application for a contract with AIA, ALLEGHENY CASUALTY COMPANY, INTERNATIONAL FIDELITY INSURANCE COMPANY, and/or ASSOCIATED BOND & INSURANCE AGENCY, INC., you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment records, education, qualifications, criminal records, driving records, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies.

You hereby authorize the obtaining of such consumer reports and investigative consumer records for AIA, ALLEGHENY CASUALTY COMPANY, INTERNATIONAL FIDELITY INSURANCE COMPANY, and/or ASSOCIATED BOND & INSURANCE AGENCY, INC., and any other company with which they contract for this purpose. By signing below, you hereby authorize without reservation, any party or agency contacted by this company or the consumer reporting agency acting on behalf of the company, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during the contract. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature _____

Date: _____

Social Security #: _____

Date of Birth: _____

Current Address: _____

City _____ State _____ Zip Code _____

DL #: _____ State: _____

