



APPLICATION FOR BAIL – Agency Owner/Producer Appointment

Ref. By _____

General Power of Attorney Information: Please list all of the counties for which you will need a General Power of Attorney Form: _____

My Current Contract Rate? Surety: _____ Buf _____

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 3 General Agency will not process incomplete Applications. Additional information may be requested.

(PLEASE TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION)

Section I: Applicant Information

Applicant/Owner 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: 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:



Surety 3 General Agency LLC
625-2 Cassat Ave.
Jacksonville, Fla. 32205

Office 1 (800) 691-2356
Fax 1 (800) 284-0841

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 (BUF) 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

Have you ever been denied or refused a bail license or 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 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.)



Surety 3 General Agency LLC
 625-2 Cassat Ave.
 Jacksonville, Fla. 32205

Office 1 (800) 691-2356
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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 Surety 3 General Agency in writing, within 30 days of my being convicted of a felony.

 APPLICANT SIGNATURE

 DATE SIGNED

 SPOUSE SIGNATURE

 DATE SIGNED