

**APPLICATION FOR NON-LIABLE SUB-AGENT APPOINTMENT**

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

\_\_\_\_\_

\_\_\_\_\_

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 LLC will not process incomplete Applications. Additional information may be requested.

**(PLEASE TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION)**

**Employer Information**

Agency/Employer Name \_\_\_\_\_

Agency Owner Name \_\_\_\_\_ Agency Phone # \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Address \_\_\_\_\_

**Section 1: Application Information**

Applicant Name \_\_\_\_\_

Applicant Home Address \_\_\_\_\_  
# & Street City County State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ U.S. Citizen (yes) (no)

Social Security # \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

License expiration date \_\_\_\_\_ (Attach a copy of *current* license)

How long have you been licensed? \_\_\_\_\_ What states are you currently licensed in? \_\_\_\_\_

\_\_\_\_\_

What states 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: \_\_\_\_\_

Have you ever-declared bankruptcy: (yes) (no) (If yes, attach an explanation.)

**Section II: Applicant Education**

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

Name of Institution: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**E mail Address** \_\_\_\_\_

**Section III: 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 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.)

**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 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**