



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

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

APPLICATION FOR BAIL - Partnership 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 3 General Agency, LLC will not process incomplete Applications. Additional information may be requested.

(PLEASE TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION)

Supervising Agent: _____

Section I: Applicant Information

Applicant/Owner Name _____

AKA (maiden name, etc.) _____ email 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? _____

