

APPLICATION FOR TEMP. AGENT EMPLOYEE AND APPOINTMENT

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) <u>A person described in paragraph (1)(A) may engage in business of insurance</u> 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 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 Owner Name Agency Address 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)



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

Social Security #	Name of Spouse
Home Phone #	Cell Phone #
Do you have a <i>current</i> in-force bail bond license: (yes	(no) License #
License expiration date	(Attach a copy of <i>current</i> license)
	What states are you currently licensed in?
List all Insurance Companies and Agents/General Age	ents that you have work 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; A	Associate; Bachelors; Advanced. Major:
Name of Institution:	Date Graduated:



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 conterdere (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