

**AMERICAN CONTRACTORS INDEMNITY COMPANY**

9841 Airport Blvd, 9th Floor , Los Angeles, CA 90045

Tel: 310-649-2663 Fax: 310-338-0351

**APPLICATION FOR BAIL BOND AGENCY**

(Please type or print)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Name \_\_\_\_\_

Bus. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you presently in the bail bond business? \_\_\_\_\_ if so, How long? \_\_\_\_\_ Bail License# \_\_\_\_\_

What volume of business are you now writing: \_\_\_\_\_

Please submit name address and phone number of three references:

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508

In connection with my application for bail bond agency/bail bond agent with ACIC, I understand that investigative inquires 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. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by ACIC or its representative to furnish the above mentioned information.

I hereby consent to your obtaining the above information from US Datalink, National Credit Information Network (WDIA), or other source deemed necessary and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization

Date: \_\_\_\_\_ Signature: \_\_\_\_\_