

APPLICATION FOR BAIL LICENSE AGREEMENT/APPOINTMENT

FULL NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

OFFICE ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ OFFICE TELEPHONE: _____

YEARS RESIDING AT HOME ADDRESS: _____ DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NO.: _____ MARITAL STATUS: () Single () Married () Divorced

BAIL AGENT LICENSE NO.: _____ STATE: _____ DATE OF BIRTH: _____

HAVE YOU EVER BEEN CHARGED/ARRESTED FOR AN OFFENSE OTHER THAN TRAFFIC? _____
 NO _____ YES _____ IF YES, EXPLAIN: _____

Has Your Bail Agent License Or Any Other Professional License You Acquired Ever Been Suspended, Revoked, or Denied By A Governmental Authority? If Yes, Please Provide Details On A Separate Page.

Occupations For Last Two Years: _____

Companies Represented (Past And Present): _____

Reason For Seeking New Market: _____

How Much Time Will You Devote To The Business? _____ Estimated Annual Penal Production: \$ _____

Territory Requested: _____
 (State An Area Which Is Covered By The Yellow Page Directory)

I HAVE BEEN EMPLOYED DURING THE PAST SEVEN YEARS AS FOLLOWS:

Employer's Name	Employer's Address	Start Date	End Date

I AM PLEASED TO SUBMIT THE FOLLOWING PERSONS AS REFERENCES:

Name of Reference	Address	Relationship	Telephone No.

Have You Used Any Other Names in Either Your Business Or Personal Life In The Last Ten Years? _____

Continued on Reverse Side

I hereby certify that, in the foregoing declarations, I have stated the truth, without reservation, for the purpose of securing a bail license agreement/appointment contract and further agree, should this application be accepted, that I will abide by the rules and instructions given me by the Company, directly or through manuals and other forms, and will honestly and faithfully perform the duties required of me on the part of the Company. Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish **American Contractors Indemnity Company** upon it's request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

Undersigned by their signature below grants **American Contractors Indemnity Company** permission to search all sources to determine whether Undersigned has any prior criminal record, including any arrests or convictions.

I hereby agree and consent that in the event this application is found to contain any false statement, omission of material information or misrepresentation of any kind, this application will be disapproved.

DATED AT _____ THIS _____ DAY OF _____, 20____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF WITNESS: _____

Note: A complete personal financial statement must be completed for EACH principal/partner of the agency.