

ALLIANCE SURETY SERVICES

PO Box 393, Greenville, SC 29602 \ Phone 864-232-4567 Fax 864-232-4467

APPLICATION FOR LIABLE BAIL Agency / Producer

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. Financial Casualty & Surety, Inc will not process incomplete Applications. Additional information may be requested.

(PLEASE TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION)

SECTION I APPLICANT INFORMATION

Applicant/Owner Name _____

AKA (maiden name, etc.) _____ e-mail 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)**

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

SECTION II SPOUSE INFORMATION

MARRIED --- YES () NO ()

Name of Spouse _____ AKA (maiden name) _____

Date of Birth _____ Spouse SS# _____

Spouse Employer _____ Work # _____

SECTION III APPLICANT EDUCATION

Highest level of education achieved: High School Associate Bachelors Advanced Major: _____

Name of Institution: _____ Graduation Date: _____

SECTION IV LICENSE INFORMATION

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

License expiration date _____ (**Attach copies of all licenses**) How long have you been licensed? _____

List all states (and counties) you are licensed in: _____

What states (and counties) 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: _____

SECTION V BUSINESS INFORMATION

Legal Business Name: _____ (Attach list of all DBA names)

Type of Business (circle one): Corporation Partnership Sole Proprietorship DBA Other _____

Business Address: _____
and Street City County State Zip

Mailing Address: _____

Business Phone #: _____ Fax #: _____

Pager / Cell #: _____ E-mail address: _____

How long have you done business under this name? _____ Tax ID# _____

Does agency have a current in-force bail bond license? (yes) (no) License #: _____

License Expiration Date: _____ (**Attach copies of all licenses**) How long has agency been licensed? _____

List all states (and counties) the agency is currently licensed in: _____

What states (and counties) has the agency been licensed in previously? _____

Location of Agency bail offices: _____

Estimate of number of bonds written **monthly** by denomination

_____ \$5,000 _____ \$10,000 _____ \$25,000 _____ \$50,000 _____ \$100,000 _____ \$250,000

Estimate of *yearly* liability of bonds that you write _____

Do you currently have a Build-Up-Fund with another insurance company? (yes) (no)

If yes, Insurance Company Name : _____ BUF Balance: _____

Company Name : _____ BUF Balance: _____

Have you ever had bond forfeiture payments paid out of your BUF? (yes) (no)

If yes, please explain why: _____

SECTION VI 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 been denied or refused a bail license? (yes) (no)
(If yes, attach a full explanation)

Have you ever had a bail license suspended or revoked? (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 and/or my spouse 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 Financial Casualty & Surety, Inc, in writing, within 30 days of my being convicted of a felony.

APPLICANT SIGNATURE

DATE SIGNED

SPOUSE SIGNATURE

DATE SIGNED