



**UNIVERSAL FIRE & CASUALTY  
INSURANCE COMPANY**

3214 CHICAGO DRIVE, HUDSONVILLE, MI 49426  
Phone 800-874-8742 Fax 616-662-4460



**APPLICATION FOR BAIL AGENT APPOINTMENT**

VIA CONTRACT WITH

INSURANCE COMPANY DIRECTLY

GENERAL AGENT

MANAGING AGENT

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Driver's License No \_\_\_\_\_ Social Security \_\_\_\_\_ Years:  High School \_\_\_\_\_  Skills Training \_\_\_\_\_  College \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_ Length of Time \_\_\_\_\_  Buying Home  Renting

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Former Address \_\_\_\_\_

Past Employer \_\_\_\_\_ Position \_\_\_\_\_ City, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Past Employer \_\_\_\_\_ Position \_\_\_\_\_ City, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Spouse/Cohabitant \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Spouse/Cohabitant Employer name and address \_\_\_\_\_

**BUSINESS INFORMATION**

Any business or employment you will maintain in addition to bonding?  No  Yes - Company name or type of business \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_

Position \_\_\_\_\_ Hours weekly \_\_\_\_\_ Shift \_\_\_\_\_  Weekdays  Weekends  Holidays May you receive calls there? \_\_\_\_\_

Agency name you will use to write bail? \_\_\_\_\_

Physical Address of your office (not a P.O. Box) \_\_\_\_\_

Your business Mailing Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Please list the name, city and state of the financial institution used for your business Checking and Savings Accounts \_\_\_\_\_

Are you the agency owner?  No - Please disregard this information block and continue with the Bail License / Appointment section at the top of page 2.  Yes - Please complete this information block. ↓

Agency License No. \_\_\_\_\_ State \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Please send a copy now and after renewal.

Sole Proprietor or DBA (doing business as)  Corporation  Partnership  Limited Liability Company All Owners \_\_\_\_\_

Federal I.D. No. or Social Security if DBA \_\_\_\_\_ Name for Buildup Fund Account \_\_\_\_\_

Do you have liability insurance?  No  Yes Do you have Errors and Omissions? (required by some states)  No  Yes Do you have a separate account for cash collaterals?  No  Yes

If so, please list bank, authorized signers, account title and number, or General Agent's name you send to \_\_\_\_\_

**LICENSE AND APPOINTMENT INFORMATION**

Current Bail License:  No - Please disregard this section and continue to Regulatory Information.  Yes - License No. \_\_\_\_\_ State \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Please send a copy now and after each renewal. Please keep current with state law about change of address, license renewal and continuing education. Your License must be current to maintain your Appointment and continue writing bail bonds.

Do you have an Appointment with an insurance company?  No  Yes Do you have a Civil Bond (required by some states)?  No  Yes Do you have a "No Compete Contract " in force?  No  Yes  
 May we contact previous Company or GA for a reference?  No  Yes Have you provided them notice you will be leaving?  No  Yes Have you accounted for all powers of attorney?  No  Yes

Current and previous Appointments:

Dates	General Agent	Insurance Company	Current Open Liability	Current Buildup Fund Amount
___/___/___ ___/___/___	_____	_____	\$ _____	\$ _____
___/___/___ ___/___/___	_____	_____	\$ _____	\$ _____
___/___/___ ___/___/___	_____	_____	\$ _____	\$ _____

If Bail Experienced, please list an average of your: Yearly bonds written: Number \_\_\_\_\_ Amount \$ \_\_\_\_\_ Yearly Forfeitures: Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Are you currently making payments to a court or insurance company, for past forfeitures, or do you have forfeitures pending in the future?  No  Yes - Please list below:

Court	Defendant Name	Case No.	Past/ Pending	Forfeiture Amount	Balance	Due Date
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____

**REGULATORY INFORMATION - These questions are being asked because state and federal law and/or insurance regulations require and hold insurance companies responsible for the thorough investigation of their Appointees.**

Have you ever been convicted of a Felony, or currently have a case pending against you?  No  Yes  
 Have you ever been convicted, or currently have a case pending for a Misdemeanor involving dishonesty or improper moral conduct?  No  Yes  
 Has a Department of Insurance ever refused, suspended, assessed a fine against, or terminated a License for you or your Agency?  No  Yes  
 Has a Court or Sheriff ever refused, suspended or terminated writing privileges for misconduct, or because of an unpaid forfeiture for you or your agency?  No  Yes  
 Have you or your agency ever had a Bail Contract or relationship terminated for failure to remit premiums, improper collateral handling or illegal activity?  No  Yes  
 Are you now involved, or have you ever been found liable in any lawsuit or official proceeding involving allegations of misrepresentation, fraud or misappropriation of funds?  No  Yes  
 Are you an employee, shareholder, corporate officer or affiliated in any way with a bank, credit union, savings & loan, or other financial institution?  No  Yes  
 Are you currently under a Court Order to pay Child Support?  No  Yes - If so, are your Child Support payments current?  No  Yes  
 Are your federal, state or local business or personal taxes delinquent now, or have they ever been delinquent?  No  Yes  
 Have you ever filed Bankruptcy, or are you currently involved in filing Bankruptcy?  No  Yes

**IF ANY QUESTIONS ABOVE ARE ANSWERED "YES" PLEASE ATTACH COMPLETE OFFICIAL DOCUMENTATION, SHOWING STATUS IF OPEN AND FINAL DISPOSITION, IF CLOSED.**

**APPLICANT CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:**

I am providing this information for the specific purpose of applying for appointment as a Bail Agent authorized to post Surety Bail Bonds, in the Courts of my licensed state(s), on behalf of Universal Fire and Casualty Insurance Company. I hereby certify that I am making application to be insurance licensed, or that I am currently licensed for this line of business and that license is compliant and in good standing with all Department of Insurance licensing rules and regulations. I further certify that all information submitted in this application and attachments is true and complete. Should I be appointed, I understand that it is my obligation to keep this information accurate and up-to-date, with Universal Fire & Casualty Insurance Company, and its affiliates. This includes any notification I receive directly from a federal, state or court official concerning the censure, suspension or revocation of my bail license and/or writing privileges. I understand that I am also obligated to make immediate and full disclosure concerning any criminal or misdemeanor charges that should be brought against me, during the course of my company appointment. I understand that investigative inquiries can be conducted now or anytime during the tenure of this appointment. I acknowledge my right to make a reasonable written request to Universal Fire and Casualty Insurance Company to obtain information on the nature and scope of such an investigation. I hereby authorize Universal Fire and Casualty Insurance Company and its affiliates to obtain information from any and all relevant sources with regard to my financial and fiduciary responsibilities (including any credit reporting agency), past and present employment, business practices, license and appointment histories, insurance transactions, real estate and property holdings, criminal and judicial records, private business records including medical reports and any other information that may reflect upon my reliability, character, work habits, ethics and ability to effectively represent Universal Fire and Casualty Insurance Company and its affiliates. I authorize Universal Fire and Casualty Insurance Company and its representatives to share this information with other individuals or companies who are participating in my appointment process or tenure, or future appointment in the insurance industry. I hereby authorize any person or entity requested to furnish the above information to Universal Fire and Casualty Insurance Company and its affiliated representatives, upon the presentation of this document in its original form, in a photocopy or facsimile version.

Applicant Signature \_\_\_\_\_

Date Signed \_\_\_\_\_