

**Bail Agent Application
 General Liability Insurance**

Company Overview

Company Name(s):	
Mailing Address:	
Physical Address(es):	
Telephone:	
Fax:	
Email:	
Contact Person:	
Total # Of Employees:	
Date Business Established:	
Federal ID Number (FEIN):	
License #:	
Business Entity:	Select Here

Please provide a detailed description of the company's operations:

Please identify the company's owner(s) and briefly outline their experience in the bail industry:

Please identify the company's manager(s) and briefly outline their experience in the bail industry:

If the company has an employee that is responsible for product liability, loss control and/or safety, please provide that person's name and contact information, as well as a brief overview of that position's responsibilities:

Please complete the below regarding pre-employment screening for bond and bail enforcement agents:

Personal Interview:	Select Here	Credit Check:	Select Here
Prior Employer:	Select Here	Drug Test:	Select Here
Fingerprints:	Select Here	Honesty Test:	Select Here
Criminal History:	Select Here	Psychological Test:	Select Here

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Coverage Decisions

All Applicants: please complete this section.

Effective Date:	
General Liability Limits:	Each Occurrence: \$1,000,000 General Aggregate: \$2,000,000 Damage To Premises: \$50,000
Personal & Advertising Injury Limit:	\$1,000,000
Products-Completed Operations Limit:	\$2,000,000
Assault & Battery Sublimit:	\$100,000
Deductible:	\$5,000 Each Occurrence
Does the company need a CG 20 26 07 04 Additional Insured – Designated Person Or Organization form? Please note that the cost is \$500.	Select Here

Applicants for Bail Bonds Operations: please complete this section.

Does the company want coverage for the use of independent contractor bail enforcement agents? If so, please note that the enforcement agents must carry their own insurance or this coverage will not apply.	Select Here
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 Applicant's Authorized Signature

 Print Name

 Date

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Bail Bonds Operations

Projected Annual Gross Receipts (not bond premium):	
Projected Annual Payroll:	
Number Of Bond Agents:	
Number Of Support Personnel:	
Hours Of Operation:	
Square Footage:	
Number Of Bonds Issued Annually:	
Average Value Of Bonds:	
Number Of Bonds Issued > \$50,000:	
Number Of Bonds Issued > \$100,000:	
Number Of Federal Bonds Issued:	

Please describe any instruction or training that the company's bond agents have completed:

Please list any certificates, licenses or achievements that the company's bond agents have received:

Please identify any organizations or associations to which the company's bond agents are members:

If the company writes any other types of bonds (civil bonds, notary publics, investigator bonds, etc.), please identify which types and the % of total gross receipts applicable to each:

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Previous Insurance - Bail Bonds Operations

Please provide the following information for any General Liability or Professional Liability insurance that the company has purchased over the past 3 years:

Type Of Coverage	Insurance Company	Policy Expiration Date	Policy Limits	Annual Premium

Loss History - Bail Bonds Operations

Please complete the following for any General Liability or Professional Liability claim that has been made against the company over the past 5 years (attach additional sheet if necessary):

Claimant	Date Of Loss	Open/ Closed	Total Paid	Total Reserved	Total Incurred
Please attach		Select Here			\$0
a separate sheet		Select Here			\$0
		Select Here			\$0
		Select Here			\$0
		Select Here			\$0
		Select Here			\$0
Total:			\$0	\$0	\$0

If the company has experienced a claim in the past 5 years with an incurred valued greater than \$5,000, please provide additional detail: