

**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

**Bail Agent Application**  
**General Liability Insurance**

**Bail Enforcement Operations**

Projected Annual Gross Receipts:	
Projected Annual Payroll:	
Number Of Bail Enforcement Agents:	
Average Years Of Experience:	
Number of Bail Enforcement Agents With Less Than 3 Years Of Experience:	
Number Of Bond Recovery Cases Accepted Annually:	
Number Of Defendants Apprehended Annually:	

Please identify the top 5 states (by gross receipts) in which the company operates and the % of total gross receipts by state:

State	% of Total Gross Receipts	Projected Gross Receipts
Select Here		\$0
Select Here		\$0
Select Here		\$0
Select Here		\$0
Select Here		\$0
All Other States	100.00%	\$0
<b>Total</b>	<b>100.00%</b>	<b>\$0</b>

Please list all other states in which the company operates:

Please identify the % of time devoted to each of the following activities:

Activity	% Of Time	Activity	% Of Time
Fugitive Recovery		Skip Tracing	
High-Risk Warrants		Prisoner Transport	
Other Warrants		Property Seizure	
Surveillance		Investigations	
Defendant Monitoring		Forced Entries	
Negotiations		Hostage Rescue	

Other:

Please describe any instruction or training (other than weapons) that the company's bail enforcement agents have completed:

Please list any certificates, licenses or achievements (other than weapons) that the company's bail enforcement agents have received:

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

If any of the company's bond enforcement agents were formerly sworn law enforcement officers or military veterans, please provide details below including: affiliations and dates of service; nature and location of duties; whether separation from any such organization was under less-than-honorable conditions; and whether any honors and/or awards were received in connection with such service:

If the company's bond enforcement agents are involved in the physical capture of a fugitive, please describe their method and level of involvement:

Please describe the protocol for handling a fugitive's personal property (evidence, firearms, drugs, etc.):

Please describe the protocol for handling hazardous materials (flammable or combustible material, biohazard substances, meth labs, etc.):

If bond enforcement agents wear clothing that is designed to identify, please describe the type of clothing and how it identifies them:

Example: Jacket with "Bond Enforcement Agent" across the front and back.

- |   | YES  | NO   |
|---|--|--|
| Does the company conduct regular safety meetings?                             | <input type="button" value="Select Here"/> | <input type="button" value="Select Here"/> |
| Does the company accept bond recovery cases from multiple agents/wholesalers? | <input type="button" value="Select Here"/> | <input type="button" value="Select Here"/> |
| Does the company ever use the services of other bond enforcement agents?      | <input type="button" value="Select Here"/> | <input type="button" value="Select Here"/> |

If so, does the company require ALL of the following from those agents:  
 carry insurance with limits equal to or greater than the company's, name the company as an Additional Insured with a favorable Hold Harmless agreement, and provide the company with a Certificate Of Insurance?      Yes      No

Select Here

If the company does use the services of other bond enforcement agents, please describe the type of work subcontracted and provide the % of total gross receipts subcontracted:

Please complete the following:

Equipment/ Technique	Formal Training	Training Organization & Instructor	Certification Received	Frequency Of Use
Handcuffs	Select Here		Select Here	Select Here
OC (pepper spray)	Select Here		Select Here	Select Here
Expandable baton or other impact weapon	Select Here		Select Here	Select Here
Non-lethal weapon (taser, rubber ball, net, etc.)	Select Here		Select Here	Select Here
Revolver	Select Here		Select Here	Select Here
Semi-automatic pistol	Select Here		Select Here	Select Here
Shotgun	Select Here		Select Here	Select Here
Rifle	Select Here		Select Here	Select Here
Arrest/ take-down procedures	Select Here		Select Here	Select Here
Martial arts (specify form and belt)	Select Here		Select Here	Select Here
Special Weapons And Tactics (SWAT)	Select Here		Select Here	Select Here
First-aid, CPR, EMT, paramedic, etc.	Select Here		Select Here	Select Here

Other:

If the company's bond enforcement agents have successfully completed in-service, re-qualification or refresher training in any of the above, please provide details below including the training organization, instructor and date of completion:

Please list below each state in which the company's bond enforcement agents are authorized by law to carry concealed weapons and note when that authorization is due to expire (attach additional sheet if necessary):

State	Expires
Select Here	
Select Here	
Select Here	
Select Here	
Select Here	

State	Expires
Select Here	
Select Here	
Select Here	
Select Here	
Select Here	

If more states please attach a list

How frequently do the company's bond enforcement agents use the following restraints:

Restraint	Frequency
Metallic handcuffs	Select Here
Thumbcuffs	Select Here
Waist chains	Select Here
Gang chains	Select Here
Hobbles	Select Here
Nylon straps/ restraints	Select Here
Body wraps/ emergency response belt	Select Here

Restraint	Frequency
Seat belts	Select Here
Transport belts	Select Here
Leg braces	Select Here
Restraint bags	Select Here
Handcuff blocks	Select Here
Handcuff blocks	Select Here
Single-use disposable restraints	Select Here

Other:

If using restraints that have a double-locking feature, is this feature always used in a timely manner when restraints are in use?

Select Here

**Bail Agent Application**  
**General Liability Insurance**

**Previous Insurance - Bail Enforcement 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 Enforcement 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
		Select Here			\$0
If any attach		Select Here			\$0
a separate sheet		Select Here			\$0
		Select Here			\$0
		Select Here			\$0
		Select Here			\$0
<b>Total:</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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