



CRUM & FORSTER®

A FAIRFAX COMPANY

11490 Westheimer Rd., Suite 300 (77077)
P.O. Box 2807 – Houston, Texas 77252-2807
(713) 954-8100 (800) 880-8016 FAX

APPLICATION FOR BAIL BOND AGENT/AGENCY

Legal Name _____ Date of Birth _____

Social Security No. _____

Agency Name _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone Number () _____ Business Fax Number () _____

Pager Number () _____ Cellular Number () _____

E-Mail Address _____

Legal Name of Spouse _____

Social Security No. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number () _____

Are you presently in the bail bond business? YES NO If "YES", How long _____

License Number _____

Have you ever pled guilty or nolo contendere to or been guilty of a felony or a crime involving moral turpitude?
 YES NO If "YES", attach a separate document describing the circumstances related to the question.

Have you ever filed bankruptcy? YES NO If "YES", When? _____

Please submit name, address and phone number for three references (preferably bail agents):

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT ACT, PUBLIC LAW 91-508

In connection with my application for bail bond agency/bail bond agent with one or more of the affiliated companies of Crum & Forster, I understand that investigative inquiries are to be made on myself 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. Further I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by one or more of the affiliated companies of Fairmont Specialty Group, Inc. to furnish the above mentioned information.

I hereby consent to your obtaining the above information from ADP SecureHire, or other source deemed necessary, and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization – Attach a copy of your license.

Date: _____

Signature _____

AGENT BACKGROUND

EMPLOYMENT HISTORY (List chronologically with most current employer first, Attach resume if available)

Name/Address of Employer	From/To	Position	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Name/Location of School	Dates Attended	Date Graduated	Type of Degree	Major/Minor
_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____

CURRENT SURETY

GENERAL AGENT

1. _____

2. _____

PAST SURETY

GENERAL AGENT

CURRENT INFORMATION

Liability: 100% 50% Non-Liable Other: _____

Net Premium: _____ % Liability Premium BUF: _____ % Liability Premium

O/S Liability: \$ _____ BUF Account: \$ _____

FFT O/S: \$ _____ Underwriting Authority: \$ _____

Amount you currently write: \$ _____ Monthly Annually

Do you owe premium to a Surety/GA? Yes No If Yes, Who: _____ Amount: \$ _____

Do you owe losses to a Surety/GA? Yes No If Yes, Who: _____ Amount: \$ _____

Current # of Subagents: Liable: _____ Non-Liable: _____

of Anticipated next year: Liable: _____ Non-Liable: _____

Your Company Name: _____

Type of Company:

- Sole Proprietorship
- Partnership
- Corporation
- LLC
- Other

State(s) in which you operate or plan to operate: _____

Date: _____

Signature: _____

CURRENT/PAST SURETY

1. _____ 3. _____
2. _____ 4. _____

CURRENT INFORMATION

Do you owe premium to a Surety/GA? Yes No If Yes, Who: _____ Amount: \$ _____

Do you owe losses to a Surety/GA? Yes No If Yes, Who: _____ Amount: \$ _____

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I authorize, without reservation, any party or agency contracted by one or more of the affiliated companies of Crum & Forster and its affiliates United States Fire Insurance Company, The North River Insurance Company, Crum & Forster Indemnity Company and Seneca Insurance Company, Inc. to furnish the above mentioned information.

I hereby consent to your obtaining the above information from ADP SecureHire, or other source deemed contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization.

Signature: _____

Date: _____

CONSUMER CREDIT AND BACKGROUND REPORT RELEASE FORM
PLEASE READ CAREFULLY

By my signature below I authorize **American Western Bonding Co., Inc.** to obtain a Consumer Credit Report and / or Background Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Report Act. (FCRA)

The Background Check may contain information available in the Public Domain but may not include interviews with person other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, education institutes, law enforcement agencies, city, state, county, and federal court and agencies, military services and persons to release all information they may have about me. This authorization shall be valid in original or copy form.

Applicant's Full Name _____

Please print other names you have used _____

Social Security Number _____

Date of Birth _____

Current Street Address _____

City, State, Zip code _____

Telephone Number () _____

Signature _____

Date _____

******EVERY APPLICANT MUST PROVIDE A COPY OF THEIR DRIVER'S**
LICENSE WITH THEIR APPLICATION