

American Contractors Indemnity Company

A member of HCC Surety Group

9841 Airport Blvd., 9th Floor

Los Angeles CA 90045

Phone: 310-649-2663 Fax: 310-338-0351

APPLICATION FOR BAIL BOND AGENCY

(Please type or print)

Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Marital Status: _____ Name of Spouse: _____

Home phone #: _____ Cell Phone: _____ Business phone: _____

Fax #: _____ Pager #: _____ E-mail address: _____

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Are you presently in the bail bond business? Y N if so, How long? _____ Bail License # _____ State: _____

What volume of business are you now writing? _____

Please submit the name, address, and phone numbers of three references:

1. _____

Name	Address	City	State	Zip	Phone	Relationship
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2. _____

Name	Address	City	State	Zip	Phone	Relationship
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3. _____

Name	Address	City	State	Zip	Phone	Relationship
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Re: Title 28 Privacy Act, Freedom of Information Act, Title 6 Fair Credit Reporting Act, Public Law 91-508: In connection with my application for bail bond agency/bail bond agent with Pioneer General Insurance Company, 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 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 contacted by Pioneer General Insurance Company or its representative to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from US Datalink, national Credit Information Network (WDIA), 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.

Date: _____ Signature: _____

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CERTIFICATION AND AUTHORIZATION

(Please type or print)

Have you ever been refused a license or had your license suspended or revoked?

Yes No If yes, provide details: _____

Has your appointment as an insurance agent ever been terminated involuntarily by an insurance company for any reason, other than lack of production?

Yes No If yes, provide details: _____

Are there any outstanding judgments or liens (including state or federal tax liens) against you?

Yes No If yes, provide details: _____

I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained herein are true, correct, and complete answers and responses. I certify that I have read and am familiar with the sections of the insurance code in the States in which I am seeking appointment and that I am not withholding any information that would affect my qualification for appointments. I certify that I have never been convicted of a State or Federal felony and that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the business of Insurance or I have obtained consent from the appropriate insurance regulator to do so. I certify that within 30 days of a State or Federal conviction, I will give written notification of this conviction to the insurer(s) with whom this certification relates.

I understand that an investigative report may be generated on me that may include information as to my character, general reputation, educational background, work habits (performance and experience, along with reasons for termination of past employment and/or rehire eligibility), financial/credit history or criminal/civil/driving record history. This information may be secured from public records or private sources, an/or third parties, such as family members, business associates, or others with whom I am acquainted. I understand that I have the right to make a written request; within a reasonable period of time, for a complete and accurate disclosure of this information, if I so desire.

I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, or third party to furnish the information described.

Date: _____ Signature: _____

Please print full name: _____

The following information is required by law enforcement agencies and other entities for positive identification. This information will be kept confidential and will not be used for any purpose other than the required investigations and to obtain the necessary appointments.

Social Security Number

Date of Birth

Place of Birth (City & State)

Driver's License Number & State

Name as it appears on Driver's License

Please print other names you have used

Home Address (No PO Boxes)

California, Minnesota & Oklahoma Applicants Only: You will receive a copy of your consumer report directly from Axxiom Information Security Services (AISS).

In the event that the information from the report is utilized in whole or in part in making an adverse decision with regard to your relationship with us, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

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PERSONAL FINANCIAL STATEMENT

Not to be used for Business Statements

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

Personal financial statement of _____ SS. # _____

(Street Address, City, State, Zip)

Name of Spouse _____ Home Phone number _____ Business Phone number _____

As of _____ (Date)

CURRENT ASSETS	CURRENT LIABILITIES
Cash on hand (not in bank)	Notes payable to (names and addresses):
Cash in following banks (names and addresses)	
	Sales Contracts & Chattel Mtgs. (Sch.6)
	Accounts Payable
Stocks and bonds (Schedule 1)	Current portion of long term debt
Accounts receivable (Sch. 2)	Other Current liabilities (Sch. 6)
Notes receivable (Sch. 3)	Other Current liabilities (Sch. 6)
Other current assets (Sch. 6)	Other Current liabilities (Sch. 6)
	Current Year's Income Taxes Unpaid
	Prior Year's Income Taxes Unpaid
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES
FIXED ASSETS	LONG TERM LIABILITIES
Real estate (Sch. 4) Residence	Real estate debt (Schedule 4): Residence
Real Estate - Other	Other
Cash Value of life insurance (Sch. 6)	Borrowed on life insurance (Sch. 5)
Other assets and investments (Sch. 6)	Other long term debt (Sch. 6)
	TOTAL LONG TERM LIABILITIES
TOTAL FIXED ASSETS	NET WORTH
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH

Contingent Liabilities
 For endorsements or guarantees \$ _____ For other purposes \$ _____

Give Details: _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
Totals:					

2. ACCOUNTS RECEIVABLE

Name and Address (street & City) From Whom Due	For What is it Due	When Sold	When Due	Amount
Totals:				

3. NOTES RECEIVABLE

Name and Address (street & City) From Whom Due	For What is it Due	How Secured	Date	Maturity	Amount
Totals:					

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
Totals:							

5. LIFE INSURANCE - CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed
Totals:						

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (Itemize)	Other Current Liabilities (Itemize)	Amount
Totals:		

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporation in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

S.S. No. _____ Date of Birth: _____ S.S. No. _____ Date of Birth: _____

Date Signed: _____ Date Signed: _____