



Indiana Department of Insurance  
BAIL BOND DIVISION  
311 W. Washington St., Suite 103  
Indianapolis, IN 46204

## INDIANA BAIL AGENT RENEWAL APPLICATION

### Please type or print legibly

Illegible applications will be returned. You must answer all questions fully and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary. *You must note any changes in address, county or phone numbers on this application.*

### All applications must include:

- If you want a new photo on your license, include or email a recent digital full face photograph (passport size).
- Application fee of **\$600.00** (check or money order).
- You must also include a completed **3-A** Requisition Form, signed by your surety.
- Completion Certificate for six (6) credit hours of Continuing Education.
- Completed and Notarized "Report of Recovery Agents Employed" Form.
- Completed and Notarized "Late Surrender Fees and Judgments" Form.
- If you are a state or supervising agent, you **must** provide a list of all build up funds and their locations.

### *We Do Not Accept Cash or Credit Cards*

**PLEASE NOTE:** Any incorrect or misleading information on this application will result in administrative denial. If you have any questions regarding this application, please call Linda Reynolds at (317) 232-5249. Email: [lreynolds@idoi.in.gov](mailto:lreynolds@idoi.in.gov)

Indiana Department of Insurance, 311 West Washington Street, Suite 103, Indianapolis, IN 46204  
Website: <http://www.in.gov/idoi/2491.htm>

# BAIL AGENT RENEWAL APPLICATION

LEGAL NAME OF APPLICANT \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

IF YOU WORK FOR OR REPORT TO SOMEONE ELSE, GIVE THE NAME AND, IF APPLICABLE, THE STATE AGENT'S NAME

\_\_\_\_\_

NAME OF SURETY COMPANY (S) YOU WILL REPRESENT

\_\_\_\_\_

PRINCIPAL ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS

*(This is where you will be audited)*

\_\_\_\_\_

LISTS OF COUNTIES WHERE YOU ARE REGISTERED TO WRITE

\_\_\_\_\_

\_\_\_\_\_

YOUR BUSINESS NAME \_\_\_\_\_

ELECTRONIC CONTACT INFORMATION

FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DOES ANY OF THE ABOVE INFORMATION DIFFER FROM OUR CURRENT INFORMATION OF RECORD? IF SO, INDICATE HERE

\_\_\_\_\_

\_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS FULLY**

1. Are there any complaints or charges against you currently pending before any public authority including a law enforcement agency and Bureau of Motor Vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Has a disciplinary action been taken against you by any public authority, including law enforcement agency and Bureau of Motor Vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you been convicted of a Felony? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have you ever been convicted of a Misdemeanor involving dishonesty, violence, or a deadly weapon? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Are you a jailer, law enforcement officer, or do you have any custody or control over any prisoners? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Have you ever previously held an insurance or bail agent's license in this or another state? YES \_\_\_\_\_ NO \_\_\_\_\_
7. If you answered yes to item # 6, was that license ever suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date \_\_\_\_\_
9. Do you have any outstanding State or Federal tax liens or warrants? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Do you currently have any outstanding judgments for unpaid child support? YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTE:** If you answered YES to any of the above, give a detailed explanation on an attached sheet.

**AFFIRMATION**

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

County of Residence \_\_\_\_\_ Printed Name \_\_\_\_\_

**Indiana Department of Insurance  
Bail Bond Division  
311 West Washington Street, Suite 103  
Indianapolis Indiana 46204-2787**

**Form 3a**  
License Requisition  
Type or Print Neatly

Date \_\_\_\_\_

**Agent Data**

1. Name \_\_\_\_\_  
Last First Middle Maiden

2. Home Address \_\_\_\_\_  
Street City State Zip

3. Business address \_\_\_\_\_  
Street City State Zip

4. Home Telephone \_\_\_\_\_ 5. Business Telephone \_\_\_\_\_

6. Social Security Number \_\_\_\_\_ 7. Date of Birth \_\_\_\_\_

I certify that I am familiar with the policies and forms which I will be soliciting for this company.

\_\_\_\_\_  
Signature of Agent

**Surety Insurance Company Data**

8. Name of Company \_\_\_\_\_

9. Address \_\_\_\_\_  
Street City State Zip

10. Telephone Number \_\_\_\_\_ 11. Company I.D. Number \_\_\_\_\_

12. State where Company Is Domiciled \_\_\_\_\_

On behalf of my company, I certify the applicant to be of good moral character, trustworthy and competent.

\_\_\_\_\_  
Date Signed by Surety Company

\_\_\_\_\_  
Authorized Signature

**Return Original To The Department of Insurance, Bail Bond Division**

**Please enclose a small photo**

**Sign within the two lines below, using a Black Sharpie Pen**

**(DO NOT use an ink pen)**

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DO NOT sign with a regular ink pen.

Name \_\_\_\_\_ Agent # \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_ Email \_\_\_\_\_

**INDIANA DEPARTMENT OF INSURANCE  
BAIL BOND DIVISION  
REPORT OF RECOVERY AGENTS EMPLOYED**

All bail agents are required by Ind. Code § 27-10-3-14 to report the following information to the Indiana Department of Insurance. Please type or neatly print the information requested, have your signature witnessed in the presence of a notary public, and return the form to the Indiana Department of Insurance, Bail Division, 311 West Washington Street, Suite 103, Indianapolis, Indiana 46204-2787

**SUBMIT THIS FORM WITH YOUR LICENSE RENEWAL**

Legislature change effective 7/01/2011: Due at license renewal

NAME OF BAIL AGENT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

LIST BELOW ALL RECOVERY AGENTS (LICENSED OR UNLICENSED) YOU HAVE USED **SINCE YOUR LAST REPORT**. IF YOU HAVE NOT EMPLOYED OR USED **ANY** RECOVERY AGENTS, LIST "NONE", SIGN AND RETURN THE FORM.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional sheets if necessary.

**AFFIRMATION**

I affirm, under the penalties for perjury, that the foregoing information is true and correct

\_\_\_\_\_  
Date Signature of Bail Agent

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

County of Residence \_\_\_\_\_ Printed \_\_\_\_\_

**INDIANA DEPARTMENT OF INSURANCE  
STATEMENT OF OUTSTANDING  
LATE SURRENDER FEES AND JUDGMENTS**

All bail agents are required by Ind. Code § 27-10-2-14(c) to report the following information to the Indiana Department of Insurance. **You Must Return This Form Even If You Do Not Have Any Outstanding Judgments.** In order to avoid Administrative Action and Possible Fines, please type or neatly print the information requested, have your signature witnessed in the presence of a Notary Public, and return the form to the Indiana Department of Insurance, Bail Division, 311 West Washington Street, Suite 103, Indianapolis, Indiana 46204-2787.

**SUBMIT THIS FORM WITH YOUR LICENSE RENEWAL**

Legislature change effective 7/01/2011: Due at license renewal

NAME OF BAIL AGENT \_\_\_\_\_

AGENTS BUSINESS ADDRESS \_\_\_\_\_

(DBA) BUSINESS NAME \_\_\_\_\_

LIST ALL CASES WHERE AN ACTUAL LATE SURRENDER FEE OR JUDGMENT OF FORFEITURE HAS BEEN IMPOSED AGAINST YOU **AND REMAINS UNPAID:**

<u>DEFENDANT</u>	<u>COURT</u>	<u>CAUSE #</u>	<u>JUDGMENT DATE</u>	<u>AMOUNT</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you do not have any outstanding Judgments, simply write NONE on the form, have it notarized and return it to this office. Attach additional sheets if necessary.*

**AFFIRMATION**

I affirm, under the penalties for perjury, that the foregoing information is true and correct

\_\_\_\_\_  
Date Signature of Bail Agent

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

County of Residence \_\_\_\_\_ Printed \_\_\_\_\_