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

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 ever been taken against you by any public authority, including a law enforcement agency? YES ____NO____
3. Has your driver's license ever been suspended? YES____NO_____
4. Have you ever been convicted of a Felony? YES____ NO____
5. Have you been convicted of a Misdemeanor involving dishonesty, violence, or a deadly weapon? YES_____NO_____
6. Are you a jailer, law enforcement officer, or do you have any custody or control over any prisoners? YES_____NO_____
7. Have you ever previously held an insurance or bail agent's license in this or another state? YES_____NO_____
8. If you answered yes to item #7, was that license ever suspended or revoked? YES_____NO_____
9. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date_____
10. Do you have any outstanding State or Federal tax liens or warrants? YES_____NO_____
11. Do you 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 _____

9-2012

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. Addresss_____
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

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:**

DEFENDANT	COURT	CAUSE #	JUDGMENT DATE	AMOUNT

*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 _____