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, send a recent digital full face photograph (passport size). Pictures can be taken and a license issued in our office ***appointment only.***

- Application fee of **$650.00** (check or money order).
- You must also include a completed **3-A** Requisition Form.
- Completion Certificate for six **(6)** credit hours of Continuing Education.
- 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 that 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

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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 if licensed)

_____

LIST 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

_____

LIST ALL PERSONS EMPLOYED OR SUPERVISED BY YOU AS A RECOVERY AGENT IN THE PAST TWELVE MONTHS

_____

- ***This does not replace the October 1st "Report of Recovery Agents Employed Form" that you are required to sign and send in each year.***

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. 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