



**BAIL/RECOVERY INSTRUCTOR
APPLICATION FOR APPROVAL**
(must complete for each course instructor)

(Select One Only) ☐ New Application ☐ Renewal Application

(Select All that Apply) ☐ Pre-Licensing Education ☐ Continuing Education

**Pre-licensing and continuing education instructors require separate applications and fees.*

Instructor Information:

Name:		Social Security Number:
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

Sponsoring Bail/Recovery Class Provider:

Provider Name:		
Street Address:		
City:	State:	Zip Code:

Must answer each of the following questions and provide additional documentation as required.

YES	NO	QUESTION
		Do you presently hold a valid Indiana Bail Agent or Recovery Agent license? If yes: License Number: _____ Expiration Date: _____
		Do you have a high school diploma? If yes, include each of the following: Name and Location of High School: _____ Year of Graduation: _____
		Do you hold a valid teaching license in the state of Indiana? If yes, a <i>photocopy of the license must be attached.</i>
		Do you have ten (10) or more years of managerial, supervisory, or teaching experience in the bail industry? If yes, include each of the following: Title of Position: _____ Company: _____ Description of Duties: _____ Number of Years in Position: _____
		Do you hold any of the following property and casualty producer license designations? If yes, select each designation you hold: ☐ CPCU ☐ FLMI ☐ CIC ☐ CHFC (A photocopy of each designation must be attached to application)

Attestation of Instructor:

I attest that this application is true and correct to the best of my knowledge. I understand that any omission or material misrepresentation constitutes grounds for denial, suspension, or revocation of approval. I further certify that I understand IC 27-10-3 and 760 IAC 1-6.2 as pertaining to Bail/Recovery instructors, and I will comply fully with these requirements.

Signature

Date

Application Must Include: One (1) original set of all required documents, \$20.00 instructor fee (for each instructor). Fee must be by check or money order made payable to **Indiana Department of Insurance**.

Mail Application to: Indiana Department of Insurance, 311 W. Washington St., Indianapolis, IN 46204-2787