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 _____