



Bankers Insurance Company, Surety Division  
 PO Box 33015 ♦ St Petersburg, FL 33733  
 727 823 4000 ♦ 800 627 0000 ♦ FAX 727 803 4076

**Producer Application**

1) Legal Business Name: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ , \_\_\_\_\_  
City/State Zip code

Home Address: \_\_\_\_\_ , \_\_\_\_\_  
City/State Zip code

Social Security #: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse: Yes  No

Spouse's Name: \_\_\_\_\_ Spouse's Social Security #: \_\_\_\_\_

2) Is the Business a: Corporation ; LLC ; Partnership ; Sole Proprietorship

3) How long in Business under above Name \_\_\_\_\_

What type of insurance license(s) do you currently hold? \_\_\_\_\_

Agent/Agency License #: \_\_\_\_\_

4) List below any Companies or General Agents with whom you have ever done Bail Bond Business and/or been appointed with:

Dates: \_\_\_\_\_ Company or General Agent: (If applicable, indicate Professional Bondsman)  
 \_\_\_\_\_  
 \_\_\_\_\_

5) Has any Insurance Company or General Agent or County/Parish/Jurisdiction terminated business with you in the past? Yes  No

If YES, when: \_\_\_\_\_ By Whom: \_\_\_\_\_

Reason: \_\_\_\_\_

6) Do you currently have a Build-Up Fund with another Company or General Agent? Yes  No

If YES, please advise amount and Company: \_\_\_\_\_

7) Please list all of the counties in which you do business in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Are you engaged in any other Business or Occupation? Yes  No

If YES, Business Name: \_\_\_\_\_

9) Have you ever been arrested or charged with a crime? Yes  No

If YES, where: \_\_\_\_\_ When: \_\_\_\_\_

Charge Disposition: \_\_\_\_\_

10) Have any Judgments, Suits, Tax Liens, or Bankruptcies, been filed against you? Have you had a License Suspended or Revoked? Are you under current Investigation? Yes  No

If YES, explain each: \_\_\_\_\_

\_\_\_\_\_

11) Has it ever been necessary for payment of Estreatures or Judgments to be paid out of your BUF or by the Company? Yes  No

If YES, please explain: \_\_\_\_\_

12) If necessary, please feel free to include information on your Business Experience and Educational Background.

13) What amount of liability do you write in one year? \_\_\_\_\_

How much do you anticipate writing for Bankers? \_\_\_\_\_

What contract rate are you looking for? \_\_\_\_\_

14) How did you hear about Bankers Insurance Company? \_\_\_\_\_

**Disclosure to the Consumer**

In connection with your application for appointment, Bankers Insurance Group, Inc. and its affiliates ("BIG") intend to conduct an initial and subsequent verification as may be necessary of your background. Please read and sign this form to authorize access to background information.

I, \_\_\_\_\_, authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, governmental agencies, credit reporting agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to BIG. I release and agree to hold each harmless from all liability and responsibility for doing so.

I authorize BIG to conduct an investigation of my character, general and professional reputation, licensing/ regulatory history, employment history, personal characteristics and agree to hold BIG harmless from all liability and responsibility for doing so.

I understand that the Violent Crime Control and Law Enforcement Act of 1994 (18 U.S.C. section 1033) prohibits BIG from willfully permitting any individual convicted of any criminal felony involving dishonesty or a breach of trust from participating in the business of insurance. I understand that my application for appointment will be rejected if such a conviction is found on my record. I further understand that my application for appointment may be reconsidered if I obtain the specific written consent of the Department of Insurance allowing for my participation in the business of insurance.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Financial Statement

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Spouse SS #: \_\_\_\_\_

To induce BANKERS INSURANCE COMPANY to become bail bond surety for the Undersigned, the following financial statement is submitted, effective \_\_\_\_\_ day/month/year

Statement of assets and liabilities of: Corporation ; LLC ; Partnership ; Individual

## ASSETS & LIABILITIES

### 1. CASH (including certificates of deposit, 401K, IRA, etc.)

Name and Location of Bank	Type of Account	Amount	In Whose Name

### 2. STOCKS, BONDS, ETC.

Name of Security	Number of Shares	Value	In Whose Name

### 3. REAL ESTATE

Physical address \_\_\_\_\_  
 Tax assessed value \_\_\_\_\_ Purchased: Year \_\_\_\_\_  
 Purchase Price \_\_\_\_\_ Present market value \_\_\_\_\_  
 Current balance of mortgage \_\_\_\_\_ Rental income \_\_\_\_\_

Physical address \_\_\_\_\_  
 Tax assessed value \_\_\_\_\_ Purchased: Year \_\_\_\_\_  
 Purchase Price \_\_\_\_\_ Present market value \_\_\_\_\_  
 Current balance of mortgage \_\_\_\_\_ Rental income \_\_\_\_\_

Physical address \_\_\_\_\_  
 Tax assessed value \_\_\_\_\_ Purchased: Year \_\_\_\_\_  
 Purchase Price \_\_\_\_\_ Present market value \_\_\_\_\_  
 Current balance of mortgage \_\_\_\_\_ Rental income \_\_\_\_\_

### 4. VEHICLES

Make, Model, Year	Titled Owner	Current Balance of Loan

### 5. MISCELLANEOUS ASSETS (Equipment, jewelry, coins, receivable, etc.)

Description of Other Assets	Value	Amount Owed

6. MISCELLANEOUS LIABILITIES (Credit cards, Accounts payable, Notes payable, etc.)

Bank	Amount Owed

Student Loans

Amount Owed	Monthly Payments

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing this Application, I authorize Bankers Insurance Company (hereinafter "BIC") or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize BIC to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with BIC and the marketing of other products and services to me and my business by BIC. I further authorize BIC to share the information received from my consumer credit report with BIC's parent, subsidiaries, and affiliates [and others if applicable]. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit report agency that furnished the report. By signing this application, I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to BIC required by, the agreement of which this Application is a part.

I hereby release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to Bankers Insurance Group, Inc. and its affiliates, including liability under Federal Law.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse's Signature

\_\_\_\_\_  
 Date