



10350 Richmond Avenue, Houston, TX 77042  
P.O. Box 2807 – Houston, Texas 77252-2807  
800.392.1970 Fax: 714.954.8389

### APPLICATION FOR BAIL BOND AGENCY

Applicant Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number ( ) \_\_\_\_\_ Business Fax Number ( ) \_\_\_\_\_

Pager Number ( ) \_\_\_\_\_ Cellular Number ( ) \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you presently in the Bail Bond business? ( ) YES ( ) NO If "YES", How long \_\_\_\_\_

License Number \_\_\_\_\_ State(s); \_\_\_\_\_

List all states (and or counties) your agency is currently licensed in:

\_\_\_\_\_

Do you presently hold any other insurance License? ( ) YES ( ) NO If "YES", What type? \_\_\_\_\_

Are you engaged in any other business or occupation? ( ) YES ( ) NO If "YES", please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any relatives in the Bail business? ( ) YES ( ) NO If YES, Where? \_\_\_\_\_

\_\_\_\_\_

Have you ever pled guilty or nolo contendere to or been guilty of a felony or a crime involving moral turpitude?  
( ) YES ( ) NO If "YES", attach a separate document describing the circumstances related to the question.

Have you ever filed bankruptcy? ( ) YES ( ) NO If "YES", When? \_\_\_\_\_

Please submit name, address and phone number for three references (preferably Bail Agents):

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AGENT BACKGROUND

EMPLOYMENT HISTORY (List chronologically with most current employer first, Attach resume if available)

Table with 4 columns: Name/Address of Employer, From/To, Position, Reason for Leaving. Includes three rows of blank lines for data entry.

CURRENT SURETY

GENERAL AGENT

1. \_\_\_\_\_
2. \_\_\_\_\_

PAST SURETY

GENERAL AGENT

CURRENT INFORMATION

Liability: [ ] 100% [ ] 50% [ ] Non-Liable [ ] Other: \_\_\_\_\_

Net Premium: \_\_\_\_\_% [ ] Liability [ ] Premium BUF: \_\_\_\_\_% [ ] Liability [ ] Premium

O/S Liability: \$ \_\_\_\_\_ BUF Account: \$ \_\_\_\_\_

FFT O/S: \$ \_\_\_\_\_ Underwriting Authority: \$ \_\_\_\_\_

Amount you currently write: \$ \_\_\_\_\_ [ ] Monthly [ ] Annually

Do you owe premium to a Surety/GA? [ ] Yes [ ] No If Yes, Who: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Do you owe losses to a Surety/GA? [ ] Yes [ ] No If Yes, Who: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Current # of Subagents: Liable: \_\_\_\_\_ Non-Liable: \_\_\_\_\_ # of Anticipated next year: Liable: \_\_\_\_\_ Non-Liable: \_\_\_\_\_

Type of Company:

[ ] Sole Proprietorship [ ] Partnership [ ] Corporation [ ] LLC [ ] Other

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT ACT, PUBLIC LAW 91-508

In connection with my application for bail bond agency/bail bond agent with one or more of the affiliated companies of Fairmont Specialty, I understand that investigative inquires are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from pervious employers. Further I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by one or more of the affiliated companies of Fairmont Specialty to furnish the above mentioned information.

I hereby consent to your obtaining the above information from ADP SecureHire, or other source deemed necessary, and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization - Attach a copy of your license.

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

**BUSINESS FINANCIAL STATEMENT**

As of \_\_\_\_\_

Check One: ( ) Corporation ( ) Partnership ( ) Proprietorship

If corporation, attach list of officers

To induce one or more of the affiliated companies of Fairmont Specialty to become surety for the following company, or to accept the company as indemnitor, the company submits the following Financial Statement.

Company Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Address \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Business Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes Payable to (names and	
Cash in following banks (names and			
Stocks and Bonds (Schedule 1)			
Accounts Receivable (Schedule 2)		Accounts Payable	
Notes Receivable (Schedule 3)		Current Portion of Long Term Debt	
Other Current Assets (Itemize):		Other Current Liabilities (Schedule 6)	
		Current Year's Income Taxes Unpaid	
		Prior Years Income Taxes Unpaid	
		Real Estate Taxes Unpaid	
<b>TOTAL CURRENT ASSETS</b>		<b>TOTAL CURRENT LIABILITIES</b>	
FIXED ASSETS		LONG TERM LIABILITIES	
Real Estate (Schedule 4):		Real Estate Debt (schedule 4):	
Other Assets and Investments (Schedule 5)		Other Long Term Debt (Schedule 5)	
		<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL FIXED ASSETS</b>		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

CONTINGENT LIABILITIES

FOR ENDORSEMENT OR GUARANTEES \$ \_\_\_\_\_ FOR OTHER PURPOSES \$ \_\_\_\_\_

GIVE DETAILS \_\_\_\_\_

**1. STOCKS AND BONDS**

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Ten Years	Market Value	Book Value
<b>TOTAL</b>				\$	\$

**2. ACCOUNTS RECEIVABLE**

Name and Address (Street and City) From Whom Due	For What is it Due	When Sold	When Due	Amount
<b>TOTAL</b>				\$

**3. NOTES RECEIVABLE**

Name and Address (Street and City) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
<b>TOTAL</b>					\$

**4. REAL ESTATE**

Address of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
<b>TOTAL</b>			\$	\$	\$	\$	\$

**SCHEDULE 5 DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES**

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Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Fairmont Specialty upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

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

ATTACH ADDITIONAL SHEETS, IF NECESSARY

**PERSONAL FINANCIAL STATEMENT**

To induce one or more of the affiliated companies of Fairmont Specialty to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement.

**NOTE:** This form to be used for Personal Financial Statements only. **NOT TO BE USED FOR BUSINESS STATEMENTS.**

Personal financial statement of \_\_\_\_\_ S.S. No. \_\_\_\_\_

HOME PHONE NO. ( ) \_\_\_\_\_ BUS. PHONE NO. ( ) \_\_\_\_\_

AS OF \_\_\_\_\_ , \_\_\_\_\_

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes Payable to (names and	
Cash in following banks (names and			
Stocks and Bonds (Schedule 1)		Sales Contracts and Chattel mtgs. (Sch.	
Accounts Receivable (Schedule 2)		Accounts Payable	
Notes Receivable (Schedule 3)		Current Portion of Long Term Debt	
Other Current Assets (Itemize):		Other Current Liabilities (Schedule 6)	
		Current Year's Income Taxes Unpaid	
		Prior Years Income Taxes Unpaid	
		Real Estate Taxes Unpaid	
<b>TOTAL CURRENT ASSETS</b>		<b>TOTAL CURRENT LIABILITIES</b>	
FIXED ASSETS		LONG TERM LIABILITIES	
Real Estate (Schedule 4):		Real Estate Debt (schedule 4):	
Residence		Residence	
Other		Other	
Cash Value of Life Insurance (Schedule 5)		Borrowed on Life Insurance (Schedule	
Other Assets and Investments (Schedule 6)		Other Long Term Debt (Schedule 6)	
		<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL FIXED ASSETS</b>		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

CONTINGENT LIABILITIES

FOR ENDORSEMENT OR GUARANTEES \$ \_\_\_\_\_ FOR OTHER PURPOSES \$ \_\_\_\_\_

GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

**1. STOCKS AND BONDS**

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Ten Years	Market Value	Book Value
<b>TOTAL</b>				\$	\$

**2. ACCOUNTS RECEIVABLE**

Name and Address (Street and City) From Whom Due	For What is it Due	When Sold	When Due	Amount
<b>TOTAL</b>				\$

**3. NOTES RECEIVABLE**

Name and Address (Street and City) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
<b>TOTAL</b>					\$

**4. REAL ESTATE**

Address of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
<b>TOTAL</b>			\$	\$	\$	\$	\$

**5. LIFE INSURANCE - CASH VALUE**

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

**SCHEDULE 6 DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES**

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Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Fairmont Specialty upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNED \_\_\_\_\_

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