



Note: All Spaces must be completed 1000 N.W. 14th STREET • MIAMI, FL 33136 • TEL. (305) 381-7000 • FAX (305) 381-7097

BUSINESS INFORMATION

NAME:		FEDERAL TAX ID NUMBER:
DBA:		
BUSINESS ADDRESS:		
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):		
RESIDENCE ADDRESS:		
TELEPHONE (BUSINESS):	FAX NUMBER:	TELEPHONE (RESIDENCE):
CELL PHONE:	PAGER NUMBER:	E-Mail:
DATE OF BIRTH	SOCIAL SECURITY NUMBER	BAIL LICENSE NUMBER – Attach copy of license
SPOUSE'S NAME:		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	BAIL LICENSE NUMBER – Attach copy of license

GENERAL INFORMATION

HOW LONG IN BAIL BUSINESS:	ESTIMATED ANNUAL LIABILITY:
INDICATE PRESENT SURETY COMPANY/COMPANIES	CURRENT STATUS
HAVE YOU PREVIOUSLY BEEN APPOINTED WITH ABIC IF YES-WHAT DATES <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT IN ABIC BUF
LIST ALL SUB-AGENTS AND/OR EMPLOYEES-ATTACH LIST IF MORE SPACE IS NEEDED:	
LIST COURTS & ADDRESSES WHERE BUSINESS IS TRANSACTED:	

GENERAL INFORMATION (Continued)

HAVE YOU EVER BEEN CHARGED, ARRESTED OR CONVICTED OF A FELONY? YES NO

ANY "YES" ANSWER REQUIRES A STATEMENT, INCLUDING DATES, LOCATION, BASIS OF CHARGE. PLEASE ATTACH COPIES OF LEGAL COURT DOCUMENTATION INDICATING DISPOSITION OF CASE:

Please enclose a recent photo. *This is addition to any other picture requirements as set by the individual states for licensing purposes.*

Attach a copy of your bail agent's license here or enclose with application documents.	Attach a copy of your driver's license here or enclose with application documents.
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The above information is true and correct to the best of my knowledge. I understand that the execution of this application does not guarantee a contract, but is a necessary prerequisite to contract consideration.

I hereby authorize any person, agency, partnership or corporation having any information concerning my character, financial reputation and/or criminal background to release such information to National Surety Service, Inc. and American Bankers Insurance Company of Florida. This information will be used for possible contractual agreement between myself, National Surety Service, and American Bankers Insurance Company of Florida. It may also be used during the period of such contractual agreement. This information will not be available for public inspection.

I also release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to American Bankers Insurance Company of Florida and National Surety Service, Inc. including liability under any federal law.

PLEASE NOTE: THIS APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE BELOW.

SIGNATURE OF APPLICANT	DATE
X	
WITNESS SIGNATURE	DATE
X	

CONTRACT INFORMATION

BOND COST RATE	BUF RATE 1%	INITIAL BUF DEPOSIT
UNDERWRITING AUTHORITY		
CONTRACT COLLATERAL - TYPE/AMOUNT		
DETAIL		



LICENSING / CONTRACTING APPLICATION

NATIONAL MANAGING GENERAL AGENT
AMERICAN BANKERS INSURANCE COMPANY ❖ AMERICAN RELIABLE INSURANCE COMPANY
1000 N.W. 14th STREET • MIAMI, FLORIDA 33136 • TEL. (305) 381-7000 • FAX (305) 381-7097

Certified Statement

Applicant Name

1. Has the applicant listed above pled guilty or nolo contendere or been found guilty of a felony or a crime involving moral turpitude?

Yes No

Note: If "Yes", attach a separate document describing the circumstances related to this question.

2. I, the undersigned, certify that the answers given above are true and correct and that the applicant has been thoroughly investigated as to integrity and character; that his/her reputation is good; and he/she is trustworthy. I further certify that if the applicant is a nonresident agent he/she is currently qualified and licensed in good standing through the insurance department of his/her state of residence for the class of appointment shown.

Applicant/Agent

General Agent or National Surety Officer