



# 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

**Note: All Spaces must be completed**

## 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<br><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:

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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<br>or enclose with application documents. | Attach a copy of your driver's license here<br>or enclose with application documents. |
|---|---|

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 |
| <b>X</b>               |      |
| WITNESS SIGNATURE      | DATE |
| <b>X</b>               |      |

## CONTRACT INFORMATION

|                                   |                |                     |
|-----------------------------------|----------------|---------------------|
| BOND COST RATE                    | BUF RATE<br>1% | INITIAL BUF DEPOSIT |
| UNDERWRITING AUTHORITY            |                |                     |
| CONTRACT COLLATERAL – TYPE/AMOUNT |                |                     |
| DETAIL                            |                |                     |



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## 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. With the exception of credit life and disability insurance agents, is this licensee employed by or associated with to any degree, directly or indirectly, a financial institution as defined in Section 626.988, F.S.?

Yes     No

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

3. 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