



Affidavit for Appointment of Surety Bail Bondsman

Proposed Licensed Surety Insurer ("Proposed Insurer") _____

Former Licensed Surety Insurer ("Former Insurer") _____

Name of Surety Bondsman ("Surety Bondsman") _____

The following Affidavit is given under oath.

The above-mentioned Surety Bondsman has provided an affidavit to the Former Insurer and to the Department of Insurance stating that the Surety Bondsman does not owe any premium or unsatisfied judgment to any insurer and that the Surety Bondsman agrees to discharge all outstanding forfeitures and judgments on bonds previously written;

The Surety Bondsman in the past had an appointment with the Former Insurer to write bail bonds on its behalf, and the Former Insurer is responsible for any outstanding bonds written on its behalf by the Surety Bondsman;

The Surety Bondsman has failed to satisfy, in a timely manner, all forfeitures and judgments on bonds written by the Surety Bondsman on behalf of the Former Insurer;

The forfeiture(s) described below have occurred on the bond(s) written by the Surety Bondsman on behalf of the Former Insurer:

Table with 4 columns: NAME OF DEFENDANT, BOND DATE, BOND AMOUNT, FORFEITURE DATE. Each column has three horizontal lines for text entry.

(attach additional sheets as needed)

The Former Insurer has satisfied the Surety Bondsman's forfeiture(s) or judgment(s) described above from its own funds.

The Former Insurer herewith provides the attached bail bond(s), bail bond forfeiture documents, and bail bond forfeiture judgment(s) as proof that the Surety Bondsman has not timely satisfied all forfeiture(s) or judgment(s) on bonds written by the Surety Bondsman on behalf of the Former Insurer.

The Former Insurer herewith provides the attached financial record(s) [cancelled checks, for example] as proof that the Former Insurer satisfied the Surety Bondsman's above-mentioned forfeiture(s) or judgment(s) from its own funds.

This notice is being provided to the Proposed Insurer and the Department of Insurance within 30 days after the Former Insurer received the affidavit from the Surety Bondsman.

This ____ day of _____, 20____.



Full corporate name of Former Insurer

Signature of Authorized Representative

(print name)

(office held)

Sworn to before me this _____ day of _____, _____.

Notary Signature: _____

Typed Name: _____

Notary Public for _____ county

My commission expires _____

(see attachments)