

Social Security # _____ Name of Spouse _____

Home Phone # _____ Cell Phone # _____

Do you have a *current* in-force bail bond license: (yes) (no) License # _____

License expiration date _____ (Attach a copy of *current* license)

How long have you been licensed? _____ What states are you currently licensed in? _____

What states have you been licensed in? _____

List all Insurance Companies and Agents/General Agents that you have issued bail bonds for and/or been appointed with:

Dates: From/To	Insurance Company or Agent/General Agent Name:
_____	_____
_____	_____
_____	_____
_____	_____

Are you engaged in any other business or occupation? (yes) (no) If yes, Nature of business: _____

Name & Address of Business: _____

How long? _____ Owner's Name: _____

Have you ever-declared bankruptcy: (yes) (no) (If yes, attach an explanation.)

Section II: Applicant Education

Highest level of education achieved: High School; Associate; Bachelors; Advanced. Major: _____

Name of Institution: _____ Date Graduated: _____

Section III: Applicant Criminal and Regulatory History

Have any disciplinary actions ever been taken by any regulatory agency against you, your business or any business with which you have been directly connected? (yes) (no) (If yes, attach a full explanation.)

Have you ever had your bail contract cancelled by a surety or general agent? (yes) (no) (If yes, please attach specific information surety name, reasons, when, etcetera.)

Have you ever been arrested, charged, convicted of or pled nolo contere (no contest) to a felony, gross misdemeanor or a misdemeanor involving moral turpitude or currently have pending any misdemeanor or felony charges against you? (Misdemeanor does not mean minor traffic violations.) (yes) (no) (If yes, please attach detail explanation giving dates, names and address of courts, basis of charges, outcomes and whether you received an executive pardon.)

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

I understand that investigative inquiries 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 previous employers. I also understand that you will be requesting information from various federal, state and other agencies which maintain records concerning any past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the field of insurance.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information about me to you.

I have a right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

I hereby consent to your obtaining the above information and agree that, if appointed with you, such information you obtain along with information relating to my performance with you will be accessible through you by future insurance companies to which I might apply.

I certify that each statement therein made is full, true and correct to the best of my knowledge.

I agree that pursuant to the Violent Crime Control and Law Enforcement Act of 1994, 18 United States Code Sections 1033, 1034, I will notify Peninsular Surety Company, in writing, within 30 days of my being convicted of a felony.

APPLICANT SIGNATURE

DATE SIGNED



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Licensing
Revenue Processing Section
Post Office Box 6000
Tallahassee, FL 32314-6000

Name and Address of Appointing Entity **Temporary Limited Surety Agent (T2-35), Limited Surety Agent (2-34), Professional Bail Bond Agent (2-37) and Managing General Agents For Bail Bond Business (0-60)**
PENINSULAR SURETY COMPANY
 7005 NW 41st St.
 Miami, FL 33166

Appointing Form
 Company Code 03724

Print or Type

Part I

Section 1	Section 2	Section 3	Section 4	Section 5	Section 6
SS/License Number	Last Name, First Name and Middle Initial	County Code	Type & Class of Insurance	Appt. Fee	Appointment Date
					/ /

PART II (to be completed by temporary agents, permanent agents and managing general agents)

Pursuant to Chapter 648.382 (2)(b), F.S., I do solemnly swear that I owe no premium to any insurer and that I will discharge all outstanding forfeitures and judgments on bonds that may have been previously written.

 Signature of Appointee (Agent)

PART III (to be completed by permanent agents who currently or were previously appointed only)

Pursuant to Chapter 648.442 (8)(a)(b), F.S., I swear that there has been no loss, misappropriation, conversion of theft of any collateral being held by me in trust for any Insurer by which I am or have been appointed. All collateral being held in trust and all records for any Insurer by which I am currently or was previously appointed, are available for immediate audit and inspection by the Department, the Insurer, or the Managing General Agent and will upon demand of the Department of Financial Services be transmitted to the Insurer for whom the collateral is being held in trust.

 Signature of Appointee (Agent)

PART IV (to be completed by appointing company representative)

Pursuant to Chapter 648.355 (c), F.S., has the applicant listed above plead guilty or nolo contendere to or been found guilty of a felony or crime involving moral turpitude since becoming licensed for the Type and Class of appointment requested herein? Yes No (If yes, attach a separate document describing the circumstances related to this question.)

Under penalties of perjury, I, the undersigned, certify that the answer given above is true and correct and that the person for whom an appointment is requested has been thoroughly investigated as to integrity and character; that his/her reputation is good; and he/she is trustworthy, pursuant to Section 648.382 (2) (a), F.S. I further certify that the appointing entity has or will furnish any information relating to the licensee as required by law and that the appointing entity is willing to be bound by the acts of the person being appointed. I certify that Sections 626.451 and 626.7453, F.S., will be adhered to as they relate to the particular class of appointment being made.

Appointment Fees:	Amount Enclosed:
Temporary Agent: <input type="checkbox"/> T2-35	\$90 _____
Permanent Agent: <input type="checkbox"/> 2-34 <input type="checkbox"/> 2-37	\$80 _____
Managing General Agent: <input type="checkbox"/> 0-60	\$60 _____

 Signature of Appointing Official

 Print/Type Name of Appointing Official

 Title

 Date

 Business Phone

 License # (if applicable)

DFS-H2-1544
 Revised 10/07

