



Superior Court of New Jersey Bail Program Registration Form

New Registration Termination Update: Address / Telephone Name Other _____

Section I - Insurance/Surety Company:

Name: _____ N.A.I.C.# _____

Address: _____
Street City State Zip + 4 Code

Telephone: _____ E-mail: _____
Area Code Number

Authorized (Check One)

Agent Agency Administrator Managing Agent

Name: _____
Last Suffix First Mi

N.J. Department of Banking and Insurance

License #: _____ Exp. Date: _____

Office Address: (must be valid address with usps.com)

Street + Suite/Floor etc. (see usps.com for valid formats) City State Zip+ 4 Code

Telephone: _____ E-mail: _____
Area Code Number

Name of agency represented by agent: _____ License # _____

Name of agency administrator: _____ License # _____

(Attach a Copy of the Agency/Agent/Administrator/Managing Agent License)

Per R. 1:13-3(d) The insurer shall have a continuing obligation to update its *Bail Program Registration Form* as changes occur in order to assure that the information is complete and accurate.

Section II - Guarantor to Satisfy Bail Forfeiture Judgments for Above Listed Agent/Agency/Administrator/Managing Agent:

The person or entity listed below has provided the insurance/surety company with a guarantee to pay bail forfeiture judgments associated with bail recognizance written by the agent/agency/administrator/managing agent listed in SECTION I:

Name: _____

N.J. Department of Banking and Insurance

License #: _____ Exp. Date: _____

Address: _____
Street City State Zip + 4 Code

Telephone: _____ E-mail: _____
Area Code Number

(Attach a Copy of the Guarantor's License)

Certification by Insurance/Surety Company:

I certify that the insurance/surety company listed in SECTION I is authorized and admitted to transact surety business by the New Jersey Department of Banking and Insurance. The named agent/agency/administrator/managing agent is authorized to write bail bonds on behalf of that insurance company in New Jersey and is licensed as an insurance producer by the New Jersey Department of Banking and Insurance. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I understand it is my obligation to update the information contained herein as changes occur in order to assure that the information remains complete and accurate.

Dated: _____

Signature of Corporate Officer

Title

Print Name

**E-mail completed form to: The Office of Superior Court Clerk, Bail Program
Registration Mailbox, sccosuretybond@mailbox@judiciary.state.nj.us**

(This Form May Be Duplicated)