



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### **\$450.00 ANNUAL BAIL BOND ASSESSMENT DUE BY JANUARY 31, 2019**

The annual assessment must be paid online. Please visit the CID website at [WWW.CT.GOV/CID](http://WWW.CT.GOV/CID) and select the "Bail Bonds Regulation" link on the right hand side of the main page.

On the Bail Bonds Regulation page, scroll down to the section for "Online Submissions" and click on the "Bail Bond Assessment Payment Portal".

You will need your license number and a credit or debit card in order to use the portal.

**PLEASE NOTE:** when entering the portal to make a payment, choose "Licensee of the CT Insurance Department" and then on the next page choose "An Invoice". The fee will be \$450.00. Any other dollar amount submitted will be incorrect and will delay your assessment being paid by the deadline.

There is no grace period for payment. Failure to submit the annual assessment by the January 31<sup>st</sup> 2019 deadline will result in administrative action.

#### **Additional Information:**

In order to ensure that you receive your assessment notices in the future, you must provide the Department with your individual and business email addresses, in accordance with C.G.S. 38a-769.

Licensees are responsible for keeping demographic information, including email addresses, updated at all times. The Department is **not** responsible for lost, misdirected or unpaid assessments. Addresses and other information can be updated online by visiting the CID website at [WWW.CT.GOV/CID](http://WWW.CT.GOV/CID) and selecting the "Bail Bonds Regulation" link on the right hand side of the page. Under "online submissions" select "change/update" address information.

If you have further questions, submit an email to the Bailbonds mailbox at [BAILBONDS@CT.GOV](mailto:BAILBONDS@CT.GOV) with "Assessment" in the subject line.

*\*Not paying the assessment will not automatically cancel your license. Should you wish to cancel your license, please send a written request to cancel your surety bail bond license which includes your name, license number and a telephone number. The cancellation will be completed upon receipt of the written request.*

Thank you for your attention to this matter.

The Connecticut Insurance Department  
Fraud & Investigations Unit