



STATE OF CONNECTICUT INSURANCE DEPARTMENT

Application for Business Entity
Surety Bail Bond Agent License

Make check payable to: "Treasurer, State of Connecticut"

Fee: \$250

For Dept Use Only
Date:
Filing Fee:
License Fee:

(Please Print or Type)

Form with fields: 1. Business Entity Name, 2. Incorporation/Formation Date, 3. Tax ID #, 4. DBA/Trade Name, 5. State of Domicile, 6. Country of Domicile, 7. Business Address, 8. City, 9. State, 10. Zip, 11. Phone Number, 12. Fax Number, 13. Business Website Site Address, 14. Business E-mail Address, 15. Mailing Address, 16. P.O. Box, 17. City, 18. State, 19. Zip

Designated/Responsible Licensed Surety Bail Bond Agent

20. Identify at least one licensed owner, partner, officer or director of the firm.

Name Title SSN Connecticut License Number
Name Title SSN Connecticut License Number
Name Title SSN Connecticut License Number

STATUS

21. New License: Reinstatement: (CT License #)

BACKGROUND INFORMATION

22. Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes No
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the charging document,
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration? Yes No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, a ceases and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_  
If you answer yes, identify the jurisdiction(s): \_\_\_\_\_
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_  
If you answer yes, you must attach to this application:  
a) a written statement summarizing the details of each incident,  
b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitration, or mediation proceedings and  
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_  
If you answer yes, you must attach to this application:  
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and  
b) copies of all relevant documents.

### APPLICANT'S CERTIFICATION AND ATTESTATION

**23. On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of the limited liability company, hereby certifies, under penalty of perjury, that:**

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
3. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
4. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Connecticut.
5. I hereby certify that upon request, I will furnish the Connecticut Insurance Department to which I am applying, certified copies of any documents attached to this application or requested by the Connecticut Insurance Department.

**Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:**

Month	Day	Year	Signature
			Full Legal Name (Printed or Typed)
			Title (Printed or typed)
			Social Security Number
			Address
		City	State
		Zip	

### INSTRUCTIONS

**24. The original application, check and any attachments must be submitted to the Insurance Department.**

ALL NAMES used to solicit or write bail bonds must be licensed.

1. Submit the following documents to: **CT Insurance Department, Fraud and Investigations Unit, PO Box 816, Hartford, CT 06142-0816**
  - Original application
  - Applicable attachments
  - Check for \$250.00 payable to "Treasurer, State of CT"
2. Immediately submit a photocopy of the application AND a photocopy of your check to:  
**Office of the Chief State's Attorney, Asset Forfeiture Bureau, 300 Corporate Place, Rocky Hill, CT 06067**