

Sun Surety
Insurance Company
21 Main Street, Rapid City, S.D. 57701
Phone: 605-348-1000
Fax: 605-348-0778

SPECIALIZING IN BAIL BONDS

PRODUCER APPLICATION

PART I - IDENTIFICATION

Date: _____

Name of Applicant: _____

S.S.#: _____ Date of Birth: _____ Place of Birth: _____

Agency Name: _____

Business Address _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Cellular Phone: _____ Pager Number: _____

Home Phone: _____ E-Mail Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Do you currently own or are you purchasing your residence? Yes No

If married, full name of spouse: _____

Are you a U.S. citizen? Yes No If No, country of citizenship. _____

PART II - BACKGROUND INFORMATION

Do you now hold or have you ever held an insurance and/or bail license?

Insurance license: Yes No Bail license: Yes No

If yes, and the license is active, attach a copy. If the license is not in force, attach a letter stating where you last held a resident license.

If yes, list the names of all insurance companies with which you have been associated and the dates and reasons for leaving.

Company: _____ Date: _____ Reason: _____

Company: _____ Date: _____ Reason: _____

Company: _____ Date: _____ Reason: _____

Contract and Build-Up Fund rate currently being paid to supervising agent or insurance company. Contract rate _____ Build-Up Fund rate _____.

Do you currently have a Build-Up Fund with another Company or General Agent?

Yes No If yes, please advise of the account balance and company:

Company: _____ Balance: \$ _____

Company: _____ Balance: \$ _____

Has any disciplinary action, including but not limited to, refusal, suspension or revocation of license, ever been taken by any regulatory agency in any state against you or any business with which you have been directly connected?

Yes No If yes, provide full explanation on a separate sheet of paper.

Have you ever been convicted of, pleaded guilty or no contest to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (Misdemeanor does not mean minor traffic violations.) Yes No. If yes, give date, name and address of court, basis of charge, outcome and whether you received an executive pardon. Also attach certified copies of the information or indictment and the final adjudication.

Does any insurer, general agent, agent or broker claim you are indebted to it for unpaid premiums, mishandling collateral, losses sustained or any other reason?

Yes No. If so, give details on attached sheet of paper.

To your knowledge, have any complaints been made against you to any Insurance Department? Yes No. If yes, give details of complaint(s) and final resolution on attached sheet.

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AUTHORIZATION FOR CONSUMER RECORDS

In connection with your application for a contract as a non-employee with Sun Surety Insurance Company you understand that in review of your application, Sun Surety Insurance Company may deem it appropriate to procure a consumer report, credit report, employment check, criminal background checks, and / or public records of various Federal, State, or Local Agencies, including any courts that you do or may conduct your bail bonds business in.

By completing the authorization below, you hereby authorize Sun Surety Insurance Company to obtain any such records or inquiries it deems necessary. You further authorize ongoing procurement of the above mentioned reports at any time during the contract. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please indicate. Yes No

For California applicants only, if a consumer report is obtained in connection with my application, I understand I have the right to receive a copy of my report, by checking "Yes" here The report will be mailed to the address listed below.

Date: _____

Printed Name: _____

Street: _____

City, State, and Zip Code: _____

Date of Birth: _____

Social Security: _____

Drivers License #: _____

Signature: _____

Sun Surety Insurance Company

P.O. Box 2373 Rapid City, SD 57709
(605) 348-1000

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

CONTACT INFORMATION			
Full Legal Name:			
Home Address:			Home Phone:
City:	State:	Zip:	Cell Phone:

STATEMENT OF FINANCIAL CONDITION			
ASSETS	In Dollars	LIABILITIES	In Dollars
Cash on Hand and in Banks		Notes Payable to Banks	
Gov't & Marketable Securities - see Schedule A		Amounts Payable to Others	
Privately Held Businesses - see Schedule B		Credit Cards Payable	
Real Estate Owned - see Schedule C		Real Estate Mortgages Payable - see Schedule C	
Cash Value - Life Insurance		Unpaid Taxes and Interest	
Loans Receivable		Other Debts - itemized	
Automobiles			
Personal Property			
Other Assets - itemized			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

SCHEDULE A – U. S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are these pledged?	Market Value

SCHEDULE B - PRIVATELY HELD BUSINESSES

Number of Shares	Description	In Name of	Are these pledged?	Market Value

SCHEDULE C - REALESTATE OWNED

Title in the name of	Address of Property	Date Acquired	Cost	Market Value	1 st Mortgage	2 nd Mortgage

I/we have carefully read and submitted the foregoing information provided on all the pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify you of said change(s), and unless so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition. I/we give authorization to make whatever credit inquiries Sun Surety Insurance Company deems necessary to verify the information contained in this financial statement is true and accurate.

Signature _____

Date _____

SS# _____