California Department of Insurance 320 Capitol Mall Sacramento, CA 95814

Attn: Supervising Investigator

Dear Department Representative:

Pursuant to the requirements of Section 2095 of Title 10, California Code of Regulations, I hereby file notice of all forms or documents which licensee intends to use regularly or frequently in connection with bail transactions under my appointment with American Contractors Indemnity Company. By reference the forms listed below have been filed by American Contractors Indemnity Company:

- BAIL BOND APPLICATION AND AGREEMENT DEFENDANT
- CALIFORNIA ADDENDUM TO BAIL BOND APPLICATION AND AGREEMENT
- INDEMNITOR APPLICATION AND AGREEMENT
- CALIFORNIA ADDENDUM TO INDEMNITOR APPLICATION AND AGREEMENT
- BAIL BOND PREMIUM RECEIPT AND STATEMENT OF CHARGES
- COLLATERAL RECEIPT
- PROMISSORY NOTE & INSTALLMENT PAYMENT PLAN FOR UNPAID PREMIUM
- PROMISSORY NOTE FOR ADDITIONAL FUTURE PAYMENTS OF COLLATERAL
- PRIVACY NOTICE
- ELECTRONIC MONITORING ADDENDUM
- CALIFORNIA DISCLOSURE OF LIEN AGAIST REAL PROPERTY

I will use these forms as they are now printed or as they may hereafter be revised and refilled with your department.

Sincerely,		
SIGN	DATE	-
PRINT NAME		
ADDRESS		
CITY, STATE and ZIP CODE		

ACTION NOTICE STATEMENT OF EMPLOYING BAIL AGENT OR PERMITTEE

LIC 438 (Rev 10/2008)

State of California
Department of Insurance
Mailing address:
PO Box 1139
Sacramento CA 95812-1139
(916) 492-3035

To the Insurance Commissioner of the State of California	:				
Notice is hereby given that effective from the date of filing this notice, the designated Bail Permittee or Bail Agent hereby:					
1. APPOINTS and agrees to employ the person named	d herein to act as my:				
A) Check one: Agent Solicitor Perm	ittee				
B) List basis and amount of compensation to employ	yee (check appropriate box)				
Salary \$, per month					
Wages \$, per month					
Commissions – If this box is checked, composite with what the percentage rate is based on (i.	lete #1 with the percentage rate of the commission and #2, e.: percentage of bond premium):				
1 Percentage Rate (%)					
2. What is the percentage rate based on:					
2. TERMINATES the employment of the employee nan	ned herein.				
EMPLOYER INFORMATION	EMPLOYEE INFORMATION				
Employer's license number:	Employee's license number:				
	(if issued)				
Employer's name: (as shown on license)	Employee's name:				
(as shown on license)					
Business street address:	Business street address:				
City:	City:				
State and Zip Code:	State and Zip Code:				
By my signature below I agree to notify the Commissioner of any change in the matters set forth in this statement:	By my signature below I agree to notify the Commissioner of any change in the matters set forth in this statement:				
Employer signature:	Employee Signature:				
Date:	Date:				
Date: Telephone: ()	Date: Telephone: ()				

Notes: Change of addresses must be filed separately using the Online Change of Address service or form # LIC 447-7. If unlicensed, all Bail licensing forms and fees must be submitted.

For Department Use Only									ent 1 1/4" x 1 1/4"
License#:	- S	State of California			_		Passpor	t-1ype	Photographs
Effective Date:	.	Bail Applica	ation						
WS #:		Insurance		se					
Passed Exam Date:		Type or print of							
	READ THE INSTRUCTION	IS ON PAGE 7 BE	FORE CO	MPLE	TING THIS A	PPLIC	ATION.		
1. License type: (check the	type [s] for which you are ap								
Bail Permittee (BP)			Agent (BA)				il Solicitor	. ,	
2. Identification information									
Social Security Number (SSN	N)*		lair Color:				Eye	Color:	
3. Last Name	First Name Fi	ull Middle Name	Suffix	4.	☐ Male ☐ Female	5.	Date of	Birth (month/day/year)
6. Resident Address (P.O. Bo	ox not acceptable)		7.	City		8.	State	9.	Zip Code
	1. Are you a citizen of the lf No, you must supply a cop			autho	rization)	•			Yes No
12. Business Address (P.O.	Box not acceptable.)		13. Ci	ty		14.	State	15.	Zip Code
16. Business Phone Number	17. Cellular Phone Number	18. E-mail Add	dress (Req	uired)	1	9. E	Business	Web S	ite Address
20. Mailing Address (P. O. B	ox is acceptable)	21. City				22.	State	23.	Zip Code
	24. Special Accommodation Requests for Examination: If required, arrangements were to be made prior to taking and passing the license								
examination. 25. PERSONAL HISTORY									
(A) Account for all time for the full and part-time work, self-em									
			From Month Ye	ar	To Month Ye	ear		Pos	sition Held
Name									
City	State								
Name									
City	State								
Name									
City	State								
(B) If currently employed, will y	ou continue this occupation	after receiving the	license fo	r which	n this application	on is b	eing mad	e?	Yes No
26. Do you now hold, or ha	ve you ever held any licen	se/permit under	which you	enga	ged in any oc	cupat	ion?	Yes	□No
Type of License	State or Province		Date Licer	se He	ld		Is Licens	se in F	orce?

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

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					☐ Yes	□No
27. AKA/ALIAS						
Are you now using or ha	ve you ever used any n	ame other than show	n?			
If yes, list names, dates	and reason(s) used:					
Last	First	Middle	Suffix	Dates Used		
Reason Used						
reason osed						
Last	First	Middle	Suffix	Dates Used		
Reason Used						
28. FICTITIOUS NAM	Ee.					
Do you intend to use a fi		conduct vour bail bus	siness?		Yes	□No
If YES , list the name: (TI		•				
29. BAIL AGENT APP	PLICANTS ONLY:				·	
(A) Will undertaking of	f bail be supplied to you	through a general ag	gent or other interm	ediaries?	Yes	□No
If you answer YES, give	the name of such perso	on:				
(B) Will you or anyone else make a deposit of money or thing of value to establish an initial reserve account for you?					u₁? ☐ Yes	∏No
If you answer YES, complete the following:						_
Describe the type of deposit (i.e., cash, securities, real property, etc.)						
VA/In a Car (In a car In a Change)	· · ·					
What is the value thereo	·Τ.					
With whom will such deposit be made?						
-	<u> </u>					
By whom will such depo	sit be made?					
30. Bail agent and/or	permittee applicants o	nly:				
Will any person, other than you, receive any income or remuneration from your bail business? (Exclude your employees,					vees.	□No
your employing bail agents/permittee, your general agent and the appointing surety.)						
	Name		Reside	nt Address	Interest of	or Affiliation
Last	First	Middle				

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31. Ba								
	Attach a detailed current financial statement listing the dollar amount of each of your assets, liabilities, and net worth, (i.e., personal property, real estate, savings, household furnishings, etc.).							
If applicant or applicant's employer is a partnership, complete the following: (Attach a separate sheet if more space is needed.) (A) Partnership name:								
(B)		Partners' Names		Bail License Number		If not licensed, list their		
					functions/responsibilities within the partnership.			
32. If you answer yes to any of the following questions, attach a supplementary statement giving complete details with an original signature:								
A. Are you now or have you ever been connected with a law enforcement agency?			Yes No					
B. Have you ever been named as a defendant in a civil suit?			Yes No					
C. Have you ever filed bankruptcy?					Yes No			

Notice: Information Collection and Access

- Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to
 determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the
 certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information
 made by child support agencies.
- Agency: Department of Insurance, Address: 320 Capitol Mall, Sacramento, CA 95814-4309, Telephone Number: (800) 967-9331.
- Title of official responsible for information maintenance: Chief, Producer Licensing Bureau.
- Authority which authorizes the maintenance of the information: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1.
- The consequences, if any, of not providing all or part of the requested information: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.
- The principal purpose(s) for which the information is to be used: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.
- Each individual has the right to review files maintained on them by the agency, unless information is classified as confidential under section 1798.3(a) of the Civil Code.

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Background Information

If you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

	/ · · · · / · · · · / · · · · · · · · ·	
33.	1. Have you ever been convicted of a felony?	Yes No
	For the purpose of this application, you have be en "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilt y ple a was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.	
	If you answer "Yes" to this BACKGROUND question, you must attach to this application:	
	 a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment. 	
	Federal law (18 U.S.C. 1033) p rohibits anyone who has been convicted of a fe lony involving dishonesty or a breach of trust or who has been convicted of any violation of 1 8 U.S.C. 1033 and 1034 from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then you must attach a copy of this consent. If you have not obtained this written consent you must do so prior to filing your application.	
	2a. Have you ever been convicted of a felony involving dishonesty or a breach of trust?	☐Yes ☐ No
	2b. If "Yes", have you received consent from the California Insurance Commissioner?	□Yes □ No
	For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.	
	If you answered "Yes" to BACKGROUND question 2a, you must attach to this application:	☐Yes ☐ No
	 a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment 	
3. ł	Have you ever been convicted of a misdemeanor?	□Yes □ No
	For the purpose of this application, you have be en "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilt y ple a was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.	
	If you answer "Yes" to this BACKGROUND question, you must attach to this application:	
	 a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment. 	

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Background Information
If you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

4.	Have you ever been convicted of a military offense?	□Yes □ No
	For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and /or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all I convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a susp ended sentence or just ordered to pay a fine. If y ou fail to disclose all convict ions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.	
	If you answer "Yes" to this BACKGROUND question, you must attach to this application:	
	 a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and b) certified copies of the charging documents, and of the cour t documents which detail the conviction, resolution of the charges, probation and any final judgment. 	
5.	Are you currently charged with committing a crime?	☐ Yes ☐ No
	"Crime" includes a felony, a mis demeanor or a military offense. You may exclude traffic citations but should include driving offenses such as, but not limited to, reckless driving, driving under the influence and driving with a suspended license.	
	If you answer "Yes" to this BACKGROUND question, you must attach to this application:	
	a) a written statement, with original signature, explaining the circumstances of each charge; andb) certified copies of the charging documents.	
6.	Have you ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license?	☐ Yes ☐ No
	For the purpose of this application, "Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named 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 denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	
	If you answer "Yes" to this BACKGROUND question, you must attach to this application:	
	 a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and b) certified copies of the Notice of Hearing or other document that states the charges and allegations, and of the document which demonstrates the resolution of the charges or any final judgment. 	
7.	Has any busine ss in which you are or we re an owner, partner, officer or director ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license?	Yes No
	For the purpose of this application, "Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named 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 denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	
	If you answer "Yes" to this BACKGROUND question, you must attach to this application:	
	 a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and b) certified copies of the Notice of Hearing or other document that states the charges and allegations, and of the document which demonstrates the resolution of the charges or any final judgment 	
8.	Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? (only include bankruptcies that involve funds held on behalf of others)	☐ Yes ☐ No
	If you answer yes, submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.	
	If you answer yes, identify the jurisdiction(s):	

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Background Information

	If you fail to fully disclose any information that is requested or if you make a false statement, your application may	be denied.
9.	Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?	☐ Yes ☐ No
10.	Are you currently a party to or have you 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, with original signature, summarizing the details of each incident; and b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration; and, c) a copy of the official document which demonstrates the resolution of the charges or any final judgment	
11.	Have you or any business in which you are or were an owner, partner, officer or director 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, with original signature, 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 any relevant documents.	
34.	Applicant's Certification:	
	I declare that I have read Sections 2053 through 2104 of Title 10 of the California Code of Regulations. I represent that the holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, or municipal government by which I am currently employed (if any) or by which my employer or I am licensed If any).	
	I certify under penalty of perjury that I have read the forgoing application and know the contents thereof and that each statement herein made is full, true, and correct and I agree to notify the Insurance Commissioner of any change in the matters set forth in this application. I understand that pursuant to Sections 1668(h) and 1738 of the California Insurance Code any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to insurance code sections 1703 and 1733, I authorize disclosure to the insurance commissioner of all financial institution records of any fiduciary accounts for the duration of this license	
	fees are filing fees and are not refundable, whether or not the application is acted upon or an examination taken per section 1751.5 ne CIC.	
35.		
Арр	olicant's signature: City Date	
info	ction 31(e) of the California Business and Professional Code allows the State Board of Equalization and the Franchise Tax Board to signation and requires the licensee to pay his or her state tax obligation. Section 31 also states that the license may be suspended if the ot paid.	

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REQUIREMENTS, CHECKLIST AND INFORMATION FOR COMPLETING APPLICATION

Requirements:

Bond coverage is required for all bail licenses.

Fingerprint impressions are required for all unlicensed applicants.

Forms Filing List: Each bail agent or permitee applying for a license must provide a copy of the forms or documents which the licensee intends to use regularly or frequently in connection with his/her bail transactions (Section 2095(k) of the California Code of Regulations). Bail agent applicants can comply with Section 2095(k) by submitting a Forms Filing List. Applicants must obtain the Forms Filing List from your surety company as the list is not available through CDI. This signed Forms Filing List must accompany this application. NOTE: Bail solicitors are exempt from this requirement since they will utilize their employer's forms when transacting bail.

A Bail Agent Action Notice (Form LIC 437-23) from a surety company is required for a **bail agent** applicant. A separate filing fee is required for each subsequent appointment submitted with the application.

An Action Notice Statement of Employing Bail Agent or Permitee (Form LIC 438) from a bail agent or permitee is required for a **bail solicitor** applicant. If a bail solicitor applicant is going to work for two or more bail licensees who are members of a partnership, a separate Action Notice statement from each employer and an additional filing fee for each is required.

An Action Notice Statement of Employing Bail Agent or Permitee (Form LIC 438) from a bail agent or bail permitee is required when employing or terminating the employment of another licensed Bail Agent or Permitee.

All fictitious names must be approved by the CDI prior to use. Refer to Section 2066.4 of the California Code of Regulations (CCR) for fictitious name filing requirements. If applying for a bail permittee's license, also refer to Section 2094 and 2094.5 of the CCR.

A computer-based examination administered by the CDI or its examination vendor is required if examination qualifications have not already been met.

Checklist:

All entries, except signature, must be typed or printed clearly.

Application must be completed in **full**, signed, dated and accompanied by all required fees and supplemental documents (forms filing list and, form LIC 437-23. Form LIC 438 if applying as a bail solicitor). Incomplete filings will require an amendment and result in delays processing the application. A bail agent's and permittee's license may be applied for at the same time by checking both appropriate boxes of section "1" on the application, in which case, only a permittee's bond is required. Also, if a currently licensed bail permitee is now applying for an agent's license, the permittee's bond on file will cover both licenses.

Information:

- Prelicensing Education Requirement: Effective January 1, 2012 all new applicants must complete a minimum of 20 hours of approved classroom study.
- The computer-based examination administered by the CDI and its examination vendor consists of 75 questions based on educational objectives that can be downloaded at CDI's web site. Go to www.insurance.ca.gov and type "educational objectives" in the search box. Click on educational objectives and select "bail". The education providers use the CDI educational objectives to develop their prelicensing courses.
- > The CDI does not recommend any specific school, course or method of training to prepare for the bail examination.
- An applicant for license may not solicit, negotiate or transact bail until authorized to do so under an appropriate license issued by the CDI.
- A false statement on the background questions will delay your application and may result in its denial.
- You will receive an email at the address provided in this application when your license is issued.
- Your bail identification card will be mailed to you after your license is issued. This may take at least five business days to arrive at the mailing address listed on this application.

Mail application, filing fees and required forms to: California Department of Insurance P.O. Box 1139

Sacramento, CA 95812-1139

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION IS TAKEN PER SECTION 1751.5 OF THE CALIFORNIA INSURANCE CODE.

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