



CRUM & FORSTER®
A FAIRFAX COMPANY



157 Main Street, Greenville, PA 16125
P.O. Box 806 – Greenville, PA 16125
(800) 245-0366 (724) 588-8801 FAX

APPLICATION FOR BAIL BOND AGENT/AGENCY

Legal Name _____ Date of Birth _____

Social Security No. _____

Agency Name _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone Number () _____ Business Fax Number () _____

Pager Number () _____ Cellular Number () _____

E-Mail Address _____

Legal Name of Spouse _____

Social Security No. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number () _____

Are you presently in the bail bond business? ☐ YES ☐ NO If "YES", How long _____

License Number _____

Have you ever pled guilty or nolo contender to or been guilty of a felony or a crime involving moral turpitude?

☐ YES ☐ NO If "YES", attach a separate document describing the circumstances related to the question.

Have you ever filed bankruptcy? ☐ YES ☐ NO If "YES", When? _____

Please submit name, address and phone number for three references (preferably bail agents):

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT ACT, PUBLIC LAW 91-508

In connection with my application for bail bond agency/bail bond agent with one or more of the affiliated companies of Crum & Forster, I understand that investigative inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by one or more of the affiliated companies of Crum & Forster and its affiliates United States Fire Insurance Company, The North River Insurance Company, Crum & Forster Indemnity Company, Seneca Insurance Company, Inc and MTAW Insurance Company to furnish the above mentioned information.

I hereby consent to your obtaining the above information from ADP SecureHire, or other source deemed necessary, and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization – Attach a copy of your license.

Date: _____

Signature _____

S-0101CF (08/23)

AGENT BACKGROUND

EMPLOYMENT HISTORY (List chronologically with most current employer first, Attach resume if available)

Name/Address of Employer	From/To	Position	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Name/Location of School	Dates Attended	Date Graduated	Type of Degree	Major/Minor
_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
_____	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____

CURRENT SURETY

GENERAL AGENT

1. _____	_____
2. _____	_____

PAST SURETY

GENERAL AGENT

_____	_____
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CURRENT INFORMATION

Liability: 100% ☐ 50% ☐ Non-Liable ☐ Other: _____

Net Premium: _____% ☐ Liability ☐ Premium

BUF: _____% ☐ Liability ☐ Premium

O/S Liability: \$ _____

BUF Account: \$ _____

FFT O/S: \$ _____

Underwriting Authority: \$ _____

Amount you currently write: \$ _____ ☐ Monthly ☐ Annually

Do you owe premium to a Surety/GA? ☐ Yes ☐ No If Yes, Who: _____ Amount: \$ _____

Do you owe losses to a Surety/GA? ☐ Yes ☐ No If Yes, Who: _____ Amount: \$ _____

Current # of Subagents: Liable: _____ Non-Liable: _____

of Anticipated next year: Liable: _____ Non-Liable: _____

Your Company Name: _____

Type of Company:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ LLC
- ☐ Other

State(s) in which you operate or plan to operate: _____

Date: _____

Signature: _____