

BAIL AGENT ACTION NOTICE

LIC 437-23 (Rev 5/08)

Department of Insurance
Mailing Address
PO Box 1139
Sacramento CA 95812-1139
916-492-3035

Pursuant to Sections 1802 and 1802.1 of the Insurance Code

TO:
The Insurance Commissioner of the State of California:

Notice is hereby given that effective from the date of filing of this notice, the designated insurer hereby:

APPOINTS the person named herein, who is the holder of a bail agent's license, as its agent in California to transact undertakings of bail. Such appointment shall remain in force until terminated as provided in Section 1802.1 of the Insurance Code.

or

TERMINATES the agency of the licensee named herein.

Are you terminating this appointment because you have reason to believe the agent may have violated the California Insurance Code? If yes, please explain (attach separate sheet if necessary) _____

INSURER	AGENT
NAIC ID number, full name and address of office of the insurer must be typed in the box below.	License number (if applicable), full legal name (as it appears on the license or application) and address of the agent must be typed in the box below.
NAIC ID number _____ Name: Address: City, state: Zip code:	License number _____ Name: Address: City, state: Zip code:
Signature of Authorized Representative of the Insurer	
▶	Date
Official Title	Telephone number ()