

For Department Use Only License # _____ Effective Date _____ WS # _____	<h2 style="margin: 0;">State of California</h2> <h3 style="margin: 0;">Bail Application</h3> <h3 style="margin: 0;">For Insurance License</h3> <p style="margin: 0;">(Type or print clearly)</p>	Attach <u>two</u> recent 1 ¼" x 1 ¼" Passport-Type Photographs
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READ THE INSTRUCTIONS ON PAGE 7 BEFORE COMPLETING THIS APPLICATION.

1. License type: (check the type [s] for which you are applying.):

Bail Permittee (BP)

 Bail Agent (BA)

 Bail Solicitor (BS)

2. Identification information:

Height: _____ Weight: _____
 Social Security Number (SSN)* _____ Hair Color: _____ Eye Color: _____

3. Last Name	First Name	Full Middle Name	Suffix	4. <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Date of Birth (month/day/year)
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6. Resident Address (P.O. Box not acceptable)	7. City	8. State	9. Zip Code
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10. Home Phone Number () -	11. Are you a citizen of the United States? (check one) (If No, you must supply a copy of both sides of your work authorization)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12. Business Address (P.O. Box not acceptable.)	13. City	14. State	15. Zip Code
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16. Business Phone Number () -	17. Cellular Phone Number () -	18. E-mail Address (required to self-schedule)	19. Business Web Site Address
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20. Mailing Address (P. O. Box is acceptable)	21. City	22. State	23. Zip Code
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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 past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

	From	To	Position Held
	Month	Month	
	Year	Year	
Name			
City			State
Name			
City			State
Name			
City			State

(B) If currently employed, will you continue this occupation after receiving the license for which this application is being made? Yes No

26. Do you now hold, or have you ever held any license/permit under which you engaged in any occupation? Yes No

Type of License	State or Province	Date License Held	Is License in Force?

*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).

27. AKA/ALIAS Are you now using or have you ever used any name other than shown? If yes, list names, dates and reason(s) used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Last	First	Middle	Suffix	Dates Used
Reason Used				

Last	First	Middle	Suffix	Dates Used
Reason Used				

28. FICTITIOUS NAMES: Do you intend to use a fictitious (DBA) name to conduct your bail business? If YES, list the name: (This name must be approved by the Department prior to use.) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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29. BAIL AGENT APPLICANTS ONLY: (A) Will undertaking of bail be supplied to you through a general agent or other intermediaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer YES, give the name of such person: _____ (B) Will you or anyone else make a deposit of money or thing of value to establish an initial reserve account for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer YES, complete the following: Describe the type of deposit (i.e., cash, securities, real property, etc.) _____ What is the value thereof? _____ With whom will such deposit be made? _____ By whom will such deposit be made? _____
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30. Bail agent and/or permittee applicants only: Will any person, other than you, receive any income or remuneration from your bail business? (Exclude your employees, your employing bail agents/permittee, your general agent and the appointing surety.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name			Resident Address	Interest or Affiliation
Last	First	Middle		

31. Bail permittee applicant only:			
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Have you ever been named as a defendant in a civil suit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Have you ever filed bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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 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 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) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust or who has been convicted of any violation of 18 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. Have you ever been convicted of a misdemeanor?

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 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.

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 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 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.

5. Are you currently charged with committing a crime? Yes No

"Crime" includes a felony, a misdemeanor 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; and
- b) 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 business in which you are or were 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): _____

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

All fees are filing fees and are not refundable, whether or not the application is acted upon or an examination taken per section 1751.5 of the CIC.

35.

Applicant's signature: _____ City _____ Date _____

Section 31(e) of the California Business and Professional Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information and requires the licensee to pay his or her state tax obligation. Section 31 also states that the license may be suspended if the state tax obligation is not paid.

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 permittee 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 Administrative Code). 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 Permittee (Form LIC 438) from a bail agent or permittee 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 Permittee (Form LIC 438) from a bail agent or bail permittee is required when employing or terminating the employment of another licensed Bail Agent or Permittee.
- 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 permittee 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.