C.E. PARISH GENERAL AGENCY, INC

P.O. BOX 1747 BUSHNELL, FLORIDA 33513-0090 (352) 793-7775 * FAX (352) 793-9572

APPLICATION FOR BAIL BOND APPOINTMENT

(Please type or print – Do NOT abbreviate)

Name				NI F	
First Home Address (physical &	Middle ، Mailing)		Last		
City	State	Zip	County		
Home Phone()	S.S. #		D.O.B.		
Business Name	usiness NameBus. Address				
City	State	Zip	County		
Bus. Phone ()	Fax No		Email		
Mobile No	Name of Sp	ouse		Marital Status	
Are you presently in the ba					
What Insurance Company	are you currently writi	ing for?			
Why do you want to leave	?				
Do you currently owe your	Managing General Ag	gent (or) Insur	rance Company pren	nium money?	
License #	What volume	e of business	are you writing now:		
Have you ever pled guilty turpitude?					
Please submit name, addr NAME		ADDRESS		PHONE	
2.					
3					
RE: TITLE 28 PRIVACY ACT,FF					
In connection with my application that investigative inquiries are to information as to my character, we previous employers. Further, I us maintain records concerning my me in the files of insurance company to the content of the co	be made on myself includi work habits, performance a nderstand that you will be re past activities relating to m	ing consumer, cri nd experience al equesting inform	iminal, driving and other r ong with reasons for term ation from various federa	reports. These reports will include nination of past employment from I, state and other agencies which	
l authorize, without reservation, HERITAGE INSURANCE CO. to	any party or agency contac o furnish the above mention	ted by <u>C.E. PAR</u> ned information.	ISH GENERAL AGENCY	,INC. / CONTINENTAL	
I have a right to make a written rand scope of this investigation.	equest, within a reasonable	e period of time,	to receive additional deta	iled information about the nature	
I hereby consent to your obtaining source deemed necessary, and appointed, will be accessible through	agree that such information	n you obtain, and	my experience with you,		
Please sign and return th	nis authorization.				
Date:	Signature:				