# 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_____ M____ F____
First Middle Last

Home Address (physical & Mailing) _____

City_____ State_____ Zip_____ County_____

Home Phone( )_____S.S. #_____D.O.B._____

Business Name_____Bus. Address_____

City_____ State_____ Zip_____ County_____

Bus. Phone ( )_____Fax No._____Email _____

Mobile No._____Name of Spouse_____Marital Status_____

Are you presently in the bail bond business? _____ If so, how long? _____

What Insurance Company are you currently writing for? _____

Why do you want to leave? _____

Do you currently owe your Managing General Agent (or) Insurance Company premium money? _____

License # _____What volume of business are you writing now:_____

Have you ever pled guilty (or) nolo contendre to (or) been guilty of a felony (or) a crime involving moral turpitude? _____ Have you ever filed bankruptcy? _____

Please submit name, address and phone number of three references:

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

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

In connection with my application for bail bond agency /bail bond agent with C.E. PARISH GENERAL AGENCY, INC., 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 contacted by C.E. PARISH GENERAL AGENCY,INC. / THE NORTH RIVER INSURANCE COMPANY to furnish the above mentioned information.

I have a right to make a written request, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation.

I hereby consent to your obtaining the above information from U.S. Datalink, National Credit Information Network, (W.D.I.A.), 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.**

Date: _____Signature: _____