

Ohio Department of Insurance

Bob Taft – Governor
 Ann Womer Benjamin – Director



RENEWAL SURETY BAIL BOND AGENT LICENSE APPLICATION

① Last Name Jr./Sr. etc	② First Name	③ Middle Name	④ Soc. Security Number	⑤ Date of Birth	
⑥ Residence/Home Address (Physical Street)		⑦ P.O. Box	⑧ City		⑨ State ⑩ ZIP
⑪ Home Phone Number ()			⑫ Gender (Circle One) <input type="checkbox"/> Male <input type="checkbox"/> Female		
⑬ Business Name					
⑭ Business Address (Physical Street)		⑮ P.O. Box	⑯ City		⑰ State ⑱ ZIP
⑲ Business Phone Number ()	⑳ Business Fax Number ()	㉑ Business E-Mail Address		㉒ Business Web Site Address	
㉓ Mailing Address		㉔ P.O. Box	㉕ City		㉖ State ㉗ ZIP
㉘ Assumed Business Name/Trade Name					

Background Information

㉙ **Since the submission of your last Surety Bail Bond Agent application:**

1. Are you: Yes No
- a) a jailor or other person employed in a detention facility, as defined in section 2921.01 of the Revised Code;
 - b) a peace officer, as defined in section 2921.51 of the Revised Code, or other employees of a law enforcement agency;
 - c) a committing magistrate, employee of a court, or employee of the clerk of any court;
 - d) an attorney; or
 - e) any other person having the power to arrest, or a person who has authority over or control of, federal, state, county, or municipal corporation prisoners.

2. Have you been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes No

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which contains the resolution of the charges or any final judgment.

3. Have you or any business in which you are or were an owner, partner, officer or director been involved in an administrative proceeding regarding any professional or occupational license? Yes No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as 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 a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Background Information

4. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, by a court due to a surety bail bond forfeiture, or have you ever been subject to a bankruptcy proceeding? Yes No

If you answer yes, you must attach to this application:

- a) submit a statement summarizing the details of the indebtedness and arrangements for repayment,
- b) if the judgment is based upon a surety bail bond forfeiture, is currently outstanding, and has remained unpaid for over 60 days after all appeals have been exhausted, attach a certified copy of the judgment and related bond, and/or
- c) the type and location of bankruptcy.

5. 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 summarizing the details of each incident,
- 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 contains the resolution of the charges or any final judgment.

6. 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 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 all relevant documents.

Applicant's Certification and Attestation

30 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Superintendent of Insurance to obtain or verify information with any federal, state or local government agency, current or former employer, or insurance company. Furthermore, I release these entities and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information to the Superintendent of Insurance.
3. I acknowledge that I am familiar with the insurance laws and regulations of the State of Ohio.

Original Applicant Signature

Date

Full Legal Name (Printed or Typed)

Attachments

31 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

Application must be accompanied by a non-refundable check or money order made payable to the "Ohio Department of Insurance" in the amount of \$150.00.