

**LEXINGTON NATIONAL INSURANCE CORPORATION**  
**Bail Producer Application**

Please fax completed form to (410) 625-0865 or mail to:

**Lexington National Insurance Corporation**  
**P.O. Box 6098**  
**Lutherville, Maryland 21094**

**If you have any questions, call us at 888-888-BAIL.**

**If you'd like to work with one of the leaders in the bail bond industry, complete this Bail Producer Application and mail or fax it to us. Rest assured, the Bail Producer Application will be kept in the strictest confidence and we will get back to you promptly.**

**A. Personal Information**

Name \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Length of time at that address \_\_\_\_\_  
Previous home addresses for past 5 years  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-Mail address \_\_\_\_\_ Bail Bond/Ins. Lic. # \_\_\_\_\_  
Social security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's license no. \_\_\_\_\_  
Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Business phone \_\_\_\_\_ Fax \_\_\_\_\_  
Pager/other \_\_\_\_\_

**B. Bail Bond Experience**

Are you presently in the bail bond business? Yes  No  If yes, for how long? \_\_\_\_\_  
If no, provide your current occupation and employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current surety company \_\_\_\_\_  
Agency name or affiliation \_\_\_\_\_  
Business address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you own the agency? Yes  No   
Is the agency a: Corporation  Partnership  Sole proprietorship   
List below any companies or general agents with whom you have ever worked, and the applicable dates, or if you have been a Professional or Property Bondsman.

\_\_\_\_\_  
\_\_\_\_\_  
Can your present employer be contacted? Yes  No   
Do you currently have a Build Up Fund with another Company or General Agent? Yes  No   
If yes, how much? \$ \_\_\_\_\_

**C. New Surety Relationship**

How did you hear about Lexington National? \_\_\_\_\_  
Why are you looking for a new surety? \_\_\_\_\_

\_\_\_\_\_  
What amount of annual bond liability do you currently write? \$ \_\_\_\_\_  
What amount of annual liability do you expect to write with Lexington National? \$ \_\_\_\_\_  
In what territory do you currently write? \_\_\_\_\_

**D. General Questions**

- Has any insurance company, general agent, or county/parish/jurisdiction terminated business with you in the past? Yes  No
- Has it ever been necessary for payment of forfeitures, estreatures, or judgments to be paid out of your BUF or by your Surety? Yes  No
- Are you indebted (other than accounts current) to any surety company, producer, or principal, or has any judgment ever been rendered against you for money received from or owed to any surety company, producer, or principal? Yes  No
- Have you had any business or professional license suspended or revoked or are such proceedings pending against you? Yes  No
- Has any disciplinary action ever been taken against you by any public authority (including a law enforcement agency or the Dept. of Insurance)? Yes  No
- Have you ever previously held an insurance or bail producer's license in any state? Yes  No
- Have any Judgments, Suits, or Tax Liens been filed against you? Yes  No
- Have you ever filed for bankruptcy or been put in involuntary bankruptcy or receivership? Yes  No
- Have you ever been arrested or charged with a crime? Yes  No
- Are you a lawyer, law enforcement officer, or jailer, or do you have any custody or control over prisoners? Yes  No

**Note: If you answered YES to any of the above questions, give further details below or on an attached sheet, and provide documentation.**

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**E. References**

Please submit names and phone numbers of three personal references.

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

**F. Educational, work, and civic experience**

Please provide any pertinent information about your educational background, employment history, military service, and involvement in any civic or charitable organizations.

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**G. Personal Financial Statement**

<u>Assets</u>		<u>Liabilities</u>	
Cash	\$ _____	Home Mortgage	\$ _____
Stocks/Bonds (complete (2) below)	\$ _____	Other Mortgages	\$ _____
IRA (complete (1) below)	\$ _____	Notes Payable	\$ _____
Receivables	\$ _____	Credit Cards	\$ _____
Home	\$ _____	Taxes	\$ _____
Other Real Estate (complete (3) below)	\$ _____	Contingent Guaranty	\$ _____
Other Assets	\$ _____	Other Debt	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>	<b>Total Liabilities</b>	<b>\$ _____</b>

- (1) Bank Name(s), City, Account No(s). \_\_\_\_\_
- (2) Brokerage Name(s) and Account No(s). \_\_\_\_\_
- (3) Other Real Estate Address(es) \_\_\_\_\_

H. Certifications and Authorizations

1. I hereby certify, under penalty of perjury, that all of the information submitted in this Application and all attachments is true and complete.
2. I hereby certify, under penalty of perjury, that I have never been convicted of a state or federal felony and that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the insurance business.
3. I hereby authorize Lexington National Insurance Corporation, Lexington National Bail Services, Inc. and/or American Safety Casualty Insurance Company (including any of its representatives, affiliates, agents or designees [collectively "you"]) to conduct any and all investigative inquiries pertaining to me including obtaining consumer reports, investigative consumer reports, criminal records, driving records, and such other reports that it deems necessary. These inquiries and/or reports may include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I authorize you to request and obtain information from any federal, state and other agencies which may 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 you to furnish the above mentioned information. I acknowledge the 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 specifically consent to you obtaining the above information from U.S. Datalink, National Credit Information Network (W.D.I.A.), or other sources deemed necessary. I hereby agree to execute any additional documents necessary to confirm the authorizations herein contained. This signed Application (including any copy of same) shall serve as written instruction on my behalf to any company to provide the requested information. I waive any rights I may have under the Fair Credit Reporting Act and Title 28 Privacy Act-Freedom of Information Act. I authorize you to furnish copies of the foregoing statement and any information provided herewith or hereafter obtained to your agents and to other companies for the purpose of securing reinsurance or co-suretyship.

In Witness Whereof, I have signed this Bail Producer Application, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant Signature: \_\_\_\_\_