

***Sun Surety***

**SPECIALIZING IN BAIL BONDS**

**Insurance Company**

21 Main Street, Rapid City, S.D. 57701

Phone: 605-348-1000

Fax: 605-348-0778

**PRODUCER APPLICATION**

**PART I - IDENTIFICATION**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

S.S.#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Business Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you currently own or are you purchasing your residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If married, full name of spouse: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No If No, country of citizenship. \_\_\_\_\_

**PART II - BACKGROUND INFORMATION**

Do you now hold or have you ever held an insurance and/or bail license?

Insurance license: \_\_\_\_\_ Yes \_\_\_\_\_ No      Bail license: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, and the license is active, attach a copy. If the license is not in force, attach a letter stating where you last held a resident license.

If yes, list the names of all insurance companies with which you have been associated and the dates and reasons for leaving.

Company: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

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Contract and Build-Up Fund rate currently being paid to supervising agent or insurance company. Contract rate \_\_\_\_\_ Build-Up Fund rate \_\_\_\_\_.

Do you currently have a Build-Up Fund with another Company or General Agent?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please advise of the account balance and company:

Company: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Has any disciplinary action, including but not limited to, refusal, suspension or revocation of license, ever been taken by any regulatory agency in any state against you or any business with which you have been directly connected?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide full explanation on a separate sheet of paper.

Have you ever been convicted of, pleaded guilty or no contest to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (Misdemeanor does not mean minor traffic violations.) \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give date, name and address of court, basis of charge, outcome and whether you received an executive pardon. Also attach certified copies of the information or indictment and the final adjudication.

Does any insurer, general agent, agent or broker claim you are indebted to it for unpaid premiums, mishandling collateral, losses sustained or any other reason?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If so, give details on attached sheet of paper.

To your knowledge, have any complaints been made against you to any Insurance Department? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give details of complaint(s) and final resolution on attached sheet.



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**AUTHORIZATION FOR CONSUMER RECORDS**

In connection with your application for a contract as an non-employee with Sun Surety Insurance Company you understand that in review of your application, Sun Surety Insurance Company may deem it appropriate to procure a consumer report, credit report, employment check, criminal background checks, and / or public records of various Federal, State, or Local Agencies, including any courts that you do or may conduct your bail bonds business in.

By completing the authorization below, you hereby authorize Sun Surety Insurance Company to obtain any such records or inquiries it deems necessary. You further authorize ongoing procurement of the above mentioned reports at any time during the contract. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

**For California, Minnesota or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please indicate. Yes / No (Circle One)

**For California applicants only**, if a consumer report is obtained in connection with my application, I understand I have the right to receive a copy of my report, by checking "Yes" here \_\_\_\_\_. The report will be mailed to the address listed below.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

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

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DATED: \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

**Personal Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip, Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**Agency Information:**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip, Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks	\$	Notes or Loans Payable: Total From Schedule A	\$
Stocks and Bonds-Total From Schedule B		Real Estate Mortgages Payable Total From Schedule C	
Real Estate Owned-Total From Schedule C		Unpaid Taxes: Total From Schedule D	
Cash Value Life Insurance—Total Schedule E		Life Insurance Loans- Total From Sched. E	
IRA or Other Retirement Accounts—Total From Schedule F		Other Liabilities: Total From Schedule G	
Other Assets: Itemize on Separate Sheet			
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>
Salary	\$	Employer
Bonus and Commissions		Position / Profession
Dividends		Employer's Address
Real Estate Income		Years at Position or Profession
*Other Income: Itemize		Phone Number of Business
<b>TOTAL</b>	\$	Partner, officer or owner in any other venture? If so, explain:
*Alimony or child support need not be disclosed unless relied upon as a basis for extension of credit.		Are you current with filing your income taxes?

<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action?
On leases		Have you ever filed bankruptcy?
Legal claims		Do you have a will?
Other special debt (explain)		Do you have a trust?
<b>TOTAL</b>	\$	Number of dependents (Ages)

**Schedule A: Banks, Finance Companies, Credit Unions and Others.**

Names of all the institutions and others at which you have outstanding loans or notes payable.

<i>Name and Address of Institution or Person</i>	<i>Original Balance</i>	<i>Current Amount owing</i>	<i>Payment Amount</i>	<i>Frequency of Payments</i>	<i>If Secured, Type of Collateral</i>
<b>TOTAL</b>					

**Schedule B: Stocks and Bonds (Attach additional sheets if necessary)**

<i>Number of Shares</i>	<i>Name of Securities</i>	<i>Cost</i>	<i>Current Market Value</i>	<i>Total Value</i>
<b>TOTAL</b>				

**Schedule C: Real Estate Owned (Attach additional sheets if necessary)**

	<i>Property # 1</i>	<i>Property # 2</i>	<i>Property # 3</i>
Name & Address of Mortgage Holder			
Address of Property			
Type of Property			
Date Purchased			
Mortgage Balance			
Monthly Payment			
Original Cost			
Current Market Value			

**Schedule D: Unpaid Taxes.** Describe the type, to whom payable, amount, and when due.

<i>Name of Institution</i>	<i>Type of Tax</i>	<i>Amount Owed</i>
<b>TOTAL</b>		

**Schedule E: Life Insurance Carried**

<i>Name of Company</i>	<i>Face Amount</i>	<i>Cash Surrender Value</i>	<i>Loans</i>	<i>Beneficiary</i>
<b>TOTAL</b>				

**Schedule F: IRA or Other Retirement Accounts**

<i>Type of Account</i>	<i>Current Balance</i>
<b>TOTAL</b>	

**Schedule G: Other Liabilities**

<i>Name of Institution or Individual</i>	<i>Type of Liability</i>	<i>Amount Owed</i>
<b>TOTAL</b>		

I/we have carefully read and submitted the foregoing information provided on all the pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify you of said change(s), and unless so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we give authorization to make whatever credit inquiries Sun Surety Insurance Company deems necessary to verify the information contained in this financial statement is true and accurate.

<i>Applicant's Signature</i>	<i>Date Signed</i>	<i>Social Security No.</i>	<i>Date of Birth</i>

<i>Spouse's or Co-Applicant's Signature</i>	<i>Date Signed</i>	<i>Social Security No.</i>	<i>Date of Birth</i>

If further explanations concerning the above information is needed, please provide that information on additional sheets of paper and attach them to this financial statement.