BAIL AGENT CERTIFICATION OF ACTIVE BOND (To be completed by the Surety Company)

Surety Company Information:	
Surety Company Name:	
Contact Person:	Business Phone:
Email Address:	
Producer Information:	
Name:	
License Number:	
Bond Information:	
Effective Date:	Bond Number:
Amount:	
I certify that the Bond number list of the date signed below.	ed above is current and active for the producer listed above as
Surety Company Authorized Sig	gnature:
Signature:	Date:
Printed Name:	Title:
	Idaho Department of Insurance 700 W State St. Floor 3 PO Box 83720 Boise, ID 83720-0043 agent@doi.idaho.gov

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