

**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 listed above is current and active for the producer listed above as of the date signed below.

**Surety Company Authorized Signature:**

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

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

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