

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: _____

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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