

REACTIVATION FORM FOR BAIL BOND AGENT

Date: _____ License Number: _____ NPN: _____

Name: _____

Signature: _____

REQUIRED ATTACHMENTS CHECK LIST:

- BOND (must be original)
- SURETY-COMPLETED APPOINTMENT FORM

NOTE: this transaction can only be completed if there is time left on your license at time of cancellation. Reactivation will not alter the current expiration date of your license.

Residence Address:

(Apartment # if applicable)

Residence Phone #

Bail Agency Name:

Bail Agency Address:

(Please include suite number if applicable)

Business Phone #

Ext. _____ Toll Free # _____

Fax Number:

E-Mail Address

Mailing Address:

(If PO Box, indicate if

business or personal)

NOTE: If your license has expired, this form is not appropriate. Consult us if you have questions about your personal license record and requirements to reactivate or reinstate: agent@doi.idaho.gov

Mail to: Idaho Department of Insurance
700 W State St Fl 3
PO Box 83720
Boise ID 83720-0043

Phone: 208-334-4339

Fax: 208-334-4398
www.doi.idaho.gov

Contact: agent@doi.idaho.gov

BOND OF BAIL AGENT

Bond No. _____

KNOW ALL BY THESE PRESENTS THAT _____

_____ of _____,
as Principal and _____,
of _____, a corporation organized and existing under the laws of the State of _____, and authorized to transact surety business in the State of Idaho, as Surety, are held and firmly bound unto the Director of Insurance, State of Idaho, as Obligee, for the benefit and protection of insureds, insurers and claimants whose monies the bail agent handles, in the amount of fifteen thousand dollars (\$15,000.00), lawful money of the United States of America, for the payment of which sum, well and truly to be made, the Principal and Surety obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE OBLIGATION OF THIS BOND IS SUCH THAT, WHEREAS, the above bounden Principal has made application to the Insurance Department of the State of Idaho for a license to act as an bail agent, in accordance with the provisions of Title 41, Chapter 10, of the Idaho Insurance Code and is required by Title 41, Section 1040, of the Idaho Insurance Code to post bond to secure performance of the bail agent in conformity with the insurance laws of the State of Idaho for the benefit of parties injured by the actions of the bail agent.

NOW, THEREFORE, if the said Insurance Department shall grant the application and issue the license above referred to and the said Principal shall faithfully and lawfully comply with all the requirements of the insurance laws of the State of Idaho, and any regulations promulgated thereunder, then this obligation shall be null and void; otherwise, it shall remain in full force and effect.

It IS FURTHER AGREED THAT the bond shall be continuous in nature and that in no event shall the surety be obligated to an amount exceeding fifteen thousand dollars (\$15,000.00) bond penalty which is the maximum aggregate liability of the surety regardless of the number of successive renewal periods the bond has been in effect or the number of claimants that might have a right of action against the bond.

PROVIDED, HOWEVER, that this bond and the obligation under this bond shall become effective _____, 20____, and shall remain in full force and effect until or unless terminated by thirty (30) days' advance written notice of termination mailed to the Principal and the Insurance Department, State of Idaho, by the Surety at which time the liability of the Surety on this bond shall cease upon the effective date of such termination. Such termination shall not affect any liability or obligation of the Surety incurred or accrued prior to the effective date of the termination.

IN WITNESS, WHEREOF, the said Principal and Surety have caused this bond to be executed at _____ and signed and sealed this instrument this _____ day of _____, 20_____.

WITNESS

(as to Principal)

PRINCIPAL

BY: _____

(as to Surety)

SURETY

BY: _____

IDAHO DEPARTMENT OF INSURANCE APPOINTMENT

AUTHORITY TO ACT UNDER **COMPANY** LICENSE

Date: _____

Appointment for: Individual Agency

Name of Producer: _____

Idaho License Number: _____

Lines of Authority to be Appointed:

- | | | | |
|---------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Disability (Health) | <input type="checkbox"/> Casualty | <input type="checkbox"/> Property |
| <input type="checkbox"/> Surety | <input type="checkbox"/> Variable | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____ | | |

Notice is hereby given that the above listed individual/agency is authorized to act under our company license for the lines of authority indicated above.

Effective Date: _____ (*cannot be backdated more than 15 days)

Company Name: _____

NAIC #: _____ FEIN #: _____

Signature of Authorized Individual

Printed Name/Title

NOTE:

1. This request must be signed by an authorized individual of the Company.
2. Please fax completed form to 208-334-4398 or email to agent@doi.idaho.gov.
3. For confirmation of this transaction, please consult our website to view your company record at www.doi.idaho.gov. Allow a minimum of 24 hours for processing.
4. Appointments cannot be backdated more than 15 from date Idaho Dept. of Insurance receives the request. They also cannot be backdated prior to license issue/active date.

In case we have questions, please provide a contact name, email, and phone below:

Contact name _____ Phone: _____

Email address: _____