DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Licensing

Revenue Processing Section • 200 E Gaines Street • Tallahassee, FL 32399-4216

Name & Address of Appointing Entity

_____

_____

_____

APPOINTING FORM

Temporary Limited Surety Agent (T2-35)
Limited Surety Agent (2-34)
Professional Bail Bond Agent (2-37)
Managing General Agents (0-60)

Company Code

_____

Print or Type

PART I

SECTION: 1	2	3	4		5	6
License Number {If no license, then use SSN}	Last Name, First Name and Middle Initial	Business County Code	Type & Class		Appt. Fee	Appointment Date
						/ /

PART II

Pursuant to Section 648.382 (2)(b), F.S., I do solemnly swear that I owe no premium to any insurer and that I will discharge all outstanding forfeitures and judgments on bonds that may have been previously written.

_____
Signature of appointee (agent)

_____
Date

Sworn to and subscribed before me this _____ day of _____, 20___ by

_____

who ☐ is personally known to me, or ☐ produced
_____ as identification.

_____
Notary Public, State of Florida (Signature)

Seal:

PART III

Pursuant to Sections 648.442 (8)(a)(b), F.S., I swear that there has been no loss, misappropriation, conversion of theft of any collateral being held by me in trust for any Insurer by which I am or have been appointed. All collateral being held in trust and all records for any Insurer by which I am currently or was previously appointed, are available for immediate audit and inspection by the Department, the Insurer, or the Managing General Agent and will upon demand of the Department of Financial Services be transmitted to the Insurer for whom the collateral is being held in trust.

_____
Signature of appointee (agent)

_____
Date

Sworn to and subscribed before me this _____ day of _____, 20___ by

_____

who ☐ is personally known to me, or ☐ produced
_____ as identification.

_____
Notary Public, State of Florida (Signature)

Seal:

PART IV (to be completed by appointing company representative)

Pursuant to Section 648.355(1) (c), F.S., has the applicant listed above plead guilty or nolo contendere to or been found guilty of a felony or crime involving moral turpitude since becoming licensed for the Type and Class of appointment requested herein? ☐ Yes ☐ No

(If yes, attach a separate document describing the circumstances related to this question.)

Under penalties of perjury, I, the undersigned, certify that the answer given above is true and correct and that the person for whom an appointment is requested has been thoroughly investigated as to integrity and character; that his/her reputation is good; and he/she is trustworthy, pursuant to Section 648.382 (2) (a), F.S. I further certify that the appointing entity has or will furnish any information relating to the licensee as required by law and that the appointing entity is willing to be bound by the acts of the person being appointed. I certify that Section 648.382, F.S., will be adhered to as it relates to the particular class of appointment being made.

Appointment Fees:		Type/Class	Amount	Enclosed
Temporary Bail Bond Agent:	☐	T2-35	$90	$
Permanent Bail Bond Agent:	☐	02-34	$80	$
Professional Bail Bond Agent:	☐	02-37	$80	$
Managing General Agent:	☐	00-60	$60	$

_____ _____
Signature of Appointing Official Date

_____ _____
Print Name of Appointing Official Title

_____ _____
Phone License # if applicable

FLORIDA COUNTY CODES

Code	County	Code	County	Code	County	Code	County
11	Alachua	61	Flagler	12	Lake	04	Pinellas
52	Baker	59	Franklin	18	Lee	05	Polk
23	Bay	21	Gadsden	13	Leon	22	Putnam
45	Bradford	55	Gilchrist	39	Levy	33	Santa Rosa
19	Brevard	60	Glades	67	Liberty	16	Sarasota
10	Broward	66	Gulf	35	Madison	17	Seminole
58	Calhoun	56	Hamilton	15	Manatee	20	St. Johns
53	Charlotte	30	Hardee	14	Marion	24	St. Lucie
47	Citrus	49	Hendry	42	Martin	44	Sumter
48	Clay	40	Hernando	38	Monroe	31	Suwannee
64	Collier	27	Highlands	41	Nassau	37	Taylor
29	Columbia	03	Hillsborough	43	Okaloosa	63	Union
01	Dade	51	Holmes	57	Okeechobee	08	Volusia
34	DeSoto	32	Indian River	07	Orange	65	Wakulla
54	Dixie	25	Jackson	26	Osceola	36	Walton
02	Duval	46	Jefferson	06	Palm Beach	50	Washington
09	Escambia	62	Lafayette	28	Pasco		

INSTRUCTIONS:

Name & Address of Appointing Entity: This is the insurance company or bail bond agent who is granting the appointment.

Company Code: This is the insurer's company code issued by the Office of Insurance Regulation.

License Number: The license number of the agent to be appointed.
Temporary agents not assigned a license number may use their social security number.

Name: Name of the person to be appointed, which is to be listed as last name, then the first name, then the middle initial.

Business County Code: The code number of the county where the agent's office is located.

Type & Class:
02-34 Limited Surety Agent
T2-35 Temporary Bail Bond Agent
02-37 Professional Bail Bond Agent
00-60 Managing General Agent

Appt. Fee: The amount of the fee to accompany this form as shown at the bottom of the form.

Appointment Date: The date this appointment is to become effective.

Appointee Name & Signature: The person being appointed is to read and sign the statements in Parts I & II if true.

Background Verification: The appointing entity must read and sign the verification.
If *yes* is checked, then supporting documents must be attached.

Appointment Fees: Please check the appropriate box and list the amount of the check accompanying the form.

Appointing Official: This is the signature, printed name and title of the person appointing the bail bond agent.
This section should list the date the form is being signed & business phone number to be used for questions.

License: If the appointing entity is a bail bond agent, then list the license number of the appointing bail bond agent here.

Please note: *Payment must accompany this form*

***NOTE**

You are required by federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, United States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.