DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agent & Agency Services - Bureau of Licensing

200 E Gaines Street • Tallahassee, FL 32399

NOTE

All bail bond agent and agency appointments are now submitted and paid for via eAppoint: https://iportal.fldfs.com/eappoint/.

SWORN STATEMENT FOR APPOINTMENT

Limited Surety Agent (2-34)
Bail Bond Agency (24-05)

Print or Type

Name & Address of Appointing Entity

_____

_____

_____

PART I

SECTION: 1	2	3	4	5
License Number	Last Name, First Name and Middle Initial Or Agency Name	Type & Class	Appointment Date	Company Code
			/ /	

PART II (this is to be completed by all agencies and agents)

Pursuant to Section 648.382 (2)(b), Florida Statutes, I do solemnly swear that I owe no premium to any insurer or agency and that I will discharge all outstanding forfeitures and judgments on bonds that have been previously written. I acknowledge that failure to do this will result in my active appointments being canceled.

_____

Signature of appointee (agent or agency owner)

_____

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 (this is to be completed only by agents who are currently or were previously appointed)

Pursuant to Sections 648.442 (8)(a)(b), Florida Statutes, 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 or agency owner)

_____

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 648.382 (2)(a), Florida Statutes, I, the undersigned, certify that the agent/agency owner for whom an appointment is requested, has been thoroughly investigated and the results of the investigation and the appointing person's opinion is the proposed appointee is a person of good moral character and reputation and is fit to engage in the bail bond business. Pursuant to Section 648.382 (3), Florida Statutes, I further certify that the appointing insurer will be bound by the acts of the bail bond agent or bail bond agency acting within the scope of the agent's or agency's appointment. I certify that Section 648.382, Florida Statutes, will be adhered to as it relates to the particular class of appointment being made.

_____ _____

Signature of Appointing Official Date

_____ _____

Print Name of Appointing Official Title

_____ _____

Phone License # if applicable