



DEPARTMENT OF FINANCIAL SERVICES
Division of Insurance Agent and Agency Services - Bureau of Licensing
 200 East Gaines Street, Larson Building Room 419
 Tallahassee, FL 32399-0319

BAIL BOND RATE FILING

This premium rate filing is made pursuant to Section 648.35(2), Florida Statutes. The following rates are the rates I intend to charge. I understand that I may not deviate from these rates without first amending this filing and then obtaining approval from the Florida Department of Financial Services.

A. STATE BONDS

Rate.....	10 %
Minimum Premium.....	\$100

B. FEDERAL BONDS

Rate.....	15 %
Minimum Premium.....	\$100

I have read and am familiar with the provisions of Chapter 69B-221, Florida Administrative Code and understand that the following requirements are contained therein:

1. The premium charge shall be a term charge for the term of the bond and not an annual charge on all bail bonds.
2. No additional premium shall be charged when the case is bound over from one court to another except that if a bond is increased, an additional amount may be charged based on the rates I currently use for the amount of the increase on the face of the bond. An additional charge may be made when the case is involved in the State Circuit Court and the Federal Court, as two separate bonds will be necessary.
3. A refund of the premium charge shall be made when the defendant is surrendered prior to the final termination of the surety's liability on the bond unless the surrender is based on a violation of the contract between the defendant and the surety. A refund of the premium shall also be made when it is found that the defendant does not come under the jurisdiction of the court for which the bond was written.
4. Rates as filed and approved by the Department of Financial Services are the only rates, which may be used; the same rate must apply to all similar bonds.
5. Before a rate can be changed, a new filing must be made and approved. I must be able to prove, by my own records, that my previous rates were too high or too low, as the case may be.

 Print Name

 Social Security Number

 Date

 Address

 City, State and Zip Code

 Telephone Number

 Fax Number

 Email Address

Privacy Statement

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is:

- (I) specifically authorized by law; or
- (II) imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and § 648.34, F.S.

The purposes for the requested information are to verify the identity and qualifications of an applicant, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the trustworthiness, competence, or qualifications for licensure under Chapter 648, F.S. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.