



DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance 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 (this is to be completed by all temporary agents, permanent agents, and managing general agents)**

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

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	Signature of Appointing Official	Date
Temporary Bail Bond Agent: <input type="checkbox"/>	T2-35	\$90	\$	_____	_____
Permanent Bail Bond Agent: <input type="checkbox"/>	02-34	\$80	\$	_____	_____
Professional Bail Bond Agent: <input type="checkbox"/>	02-37	\$80	\$	_____	_____
Managing General Agent: <input type="checkbox"/>	00-60	\$60	\$	_____	_____
				Print Name of Appointing Official	Title
				Phone	License # if applicable

## FLORIDA COUNTY CODES

Code	County
11	Alachua
52	Baker
23	Bay
45	Bradford
19	Brevard
10	Broward
58	Calhoun
53	Charlotte
47	Citrus
48	Clay
64	Collier
29	Columbia
01	Dade
34	DeSoto
54	Dixie
02	Duval
09	Escambia

Code	County
61	Flagler
59	Franklin
21	Gadsden
55	Gilchrist
60	Glades
66	Gulf
56	Hamilton
30	Hardee
49	Hendry
40	Hernando
27	Highlands
03	Hillsborough
51	Holmes
32	Indian River
25	Jackson
46	Jefferson
62	Lafayette

Code	County
12	Lake
18	Lee
13	Leon
39	Levy
67	Liberty
35	Madison
15	Manatee
14	Marion
42	Martin
38	Monroe
41	Nassau
43	Okaloosa
57	Okeechobee
07	Orange
26	Osceola
06	Palm Beach
28	Pasco

Code	County
04	Pinellas
05	Polk
22	Putnam
33	Santa Rosa
16	Sarasota
17	Seminole
20	St. Johns
24	St. Lucie
44	Sumter
31	Suwannee
37	Taylor
63	Union
08	Volusia
65	Wakulla
36	Walton
50	Washington

### 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.