



Department of Financial Services
Division of Insurance Agent and Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building
 Tallahassee, FL 32399-0319

NAME & ADDRESS OF APPOINTING ENTITY:

<p><u>APPOINTING FORM</u></p> <p>TEMPORARY LIMITED SURETY AGENT (T2-35) LIMITED SURETY AGENT (2-34) PROFESSIONAL BAIL BOND AGENT (2-37) MANAGING GENERAL AGENTS (0-60)</p>

COMPANY CODE:

PRINT OR TYPE. SEE ADDITIONAL INSTRUCTIONS BELOW.

PART I:

APPOINTEE'S LICENSE NUMBER (IF UNLICENSED, PROVIDE SSN)	LAST NAME, FIRST NAME AND M.I.	BUSINESS COUNTY CODE	TYPE & CLASS	APPT. FEE	APPOINTMENT DATE

PART II: (to be completed by 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 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: (to be completed by permanent agents who are currently, or were previously, appointed only)

Pursuant to sections 648.442(8)(a) and (b), F.S., I swear that there has been no loss, misappropriation, or 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:



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PART IV: (to be completed by appointing company representative)

Pursuant to section 648.355(1)(c), F.S., has the appointee 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.

<u>APPOINTMENT FEES</u>	<u>TYPE/CLASS</u>	<u>AMOUNT</u>	<u>ENCLOSED</u>	<u>SIGNATURE OF APPOINTING OFFICIAL</u>	<u>DATE</u>
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	\$	<u>PRINTED NAME OF APPOINTING OFFICIAL</u>	<u>TITLE</u>
Managing General Agent: <input type="checkbox"/>	00-60	\$60	\$		
				<u>PHONE NUMBER</u>	<u>LICENSE NUMBER, IF APPLICABLE</u>

Please note: Payment must accompany this form.

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 §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), and 648.34(1), F.S.

The purposes for the requested information are to verify the identity of an appointee, to conduct criminal and disciplinary history background checks, and to determine if the appointee lacks the fitness or trustworthiness to engage in the business of insurance. 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.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.



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INSTRUCTIONS:

Name & Address of Appointing Entity: The name and address of the insurance company or bail bond agent granting the appointment.

Company Code: The insurer’s company code issued by the Office of Insurance Regulation.

License Number: The license number of the person to be appointed. A temporary agent not assigned a license number must use his or her social security number.

Name: The name of the person to be appointed, which must be provided by last name, then first name, then middle initial.

Business County Code: The code number of the county where the agent’s office is located (see chart below).

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 must read and sign the statements in Parts II & III, if true.

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

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

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

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

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