SPECIALIZING IN BAIL BONDS

Insurance Company

21 Main Street, Rapid City, S.D. 57701

Phone: 605-348-1000 Fax: 605-348-0778

PRODUCER APPLICATION

PART I - IDENTIFICATION Name of Applicant: ______ S.S.#: Date of Birth: Place of Birth: Agency Name: _____ Business Address_____ City: _____ Zip Code: _____ Business Phone: _____ Business Fax: ____ Cellular Phone: _____ Pager Number: _____ Home Phone: _____ E-Mail Address: _____ Home Address: City: _____ State: ____ Zip Code: _____ Do you currently own or are you purchasing your residence? Yes No If married, full name of spouse: Are you a U.S. citizen? Yes No If No, country of citizenship.

PART II - BACKGROUND INFORMATION

Do you now hold or ha	ave you ev	er held ar	insurance and/o	r bail license) ?		
Insurance license:	Yes	No	Bail license:	Yes	No		
If yes, and the licens stating where you last				nse is not ir	n force, attach a letter		
If yes, list the names of the dates and reasons			oanies with which	you have be	een associated and		
Company:			Date:	Reason:			
Company:			Date:	Reason:			
Company:			Date:	Reason:			
Contract and Build-Up company. Contract ra							
Do you currently have		•	th another Compa of the account ba	•	•		
Company:				_ Balance: \$	S		
Company:			Balance: \$				
Has <u>any</u> disciplinary a license, ever been tak with which you have been to Yes No	ten by any been direct	regulatory ly connect	agency in any st	tate against	you or any business		
Have you ever been or currently have pendoes not mean minor address of court, basi Also attach certified c	ding misde traffic viola s of charge	meanor of ations.) e, outcome	r felony charges f Yes No e and whether yo	iled against . If yes, giv u received a	you? (Misdemeanor e date, name and n executive pardon.		
Does any insurer, ger premiums, mishandlir Yes No. If	ig collatera	al, losses s		other reason			
To your knowledge, h Department? Ye attached sheet.	•	•			y Insurance nd final resolution on		

PART III – GENERAL INFORMATION

How long	in Bail Bu	ısiness?	Estimated An	nual Liability \$				
Please list all counties in which you currently write bail bonds.								
Please list your prior business dealings for the previous five years.								
From	То	Company	Address	Position & Duties	Reason for Leaving			
Ever filed bankruptcy? Yes No If Yes, Please attach sheet explaining.								
PART IV – CERTIFICATION								
I certify that I have received proper training and instruction and I am familiar with the laws and all related rules and regulations, as pertaining to the proper conduct in the Surety Bail Bond business for the state in which I wish to be licensed.								
Producer certifies they are an independent contractor and not an employee of the company.								
I hereby authorize the release of any information necessary to make any investigation of my personal history and financial information through any investigation or credit agency or bureau.								
Dated: Signature of Applicant:								
STATE O	F)) ss:						
COUNTY OF On the date above written did personally appear before me, a Notary Public, personally known to me, or who produced identification, and who did take an oath, and who acknowledged the execution of this Producer Application as his/her free act and deed.								
			NOTARY PUBLI	C ((SEAL)			
My Commission expires:								

Sun Surety

Insurance Company

21 Main Street, Rapid City, S.D. 57701

Phone: 605-348-1000 Fax: 605-348-0778

AUTHORIZATION FOR CONSUMER RECORDS

In connection with your application for a contract as an non-employee with Sun Surety Insurance Company you understand that in review of your application, Sun Surety Insurance Company may deem it appropriate to procure a consumer report, credit report, employment check, criminal background checks, and / or public records of various Federal, State, or Local Agencies, including any courts that you do or may conduct your bail bonds business in.

By completing the authorization below, you hereby authorize Sun Surety Insurance Company to obtain any such records or inquiries it deems necessary. You further authorize ongoing procurement of the above mentioned reports at any time during the contract. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please indicate. Yes No For California applicants only, if a consumer report is obtained in connection with my application, I understand I have the right to receive a copy of my report, by checking "Yes" here The report will be mailed to the address listed below. Date: _____ Printed Name: City, State, and Zip Code: Date of Birth: Social Security: _____ Drivers License #: Signature:



(605) 348-1000

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

		CONTA	CT INFORM	ATION			
Full Legal Name:							
Home Address:					Home Phone:		
City:		State:	Zip: Cell Phone:				
ASSETS			OF FINANC	LIABILITIES			In Dollars
Cash on Hand and in Banks		III D	Notes Payable		to Banks		III Dollais
Gov't & Marketable Securities - see Schedule A				Amounts Paya			
Privately Held Businesses - see Schedule B				-			
Real Estate Owned - see Sc			Credit Cards Payable Real Estate Mortgages Payable - see Schedule C				
Cash Value - Life Insurance Loans Receivable			Unpaid Taxes and Interest Other Debts - itemized				
				Other Debts - I	ternized		
Automobiles							
Personal Property							
Other Assets - itemized							
			TOTAL LIABILITIES				
			NET WORTH				
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH					
		SCHEDULE A -	U. S. GOVE	RNMENTS & MAR	KETABLE SECURI	TIES	
Number of Shares Description			In Name of		Are these pledged?		Market Value
		SCHI	DILLEB DI	DIVATELY HELD B	HOINEQCEC		
Number of Shares Description			DULE B - PRIVATELY HELD BUSINESSES In Name of Are these pledged			Are these pledged?	Market Value
Trainibol of Onalos	Description		III TRAING OF			, as alloss pleagea.	market value
I	1			- REALESTATE O			
Title in the name of Address of Property		Date Acquired		Cost	Market Value	1 st Mortgage	2 nd Mortgage
							ation is presented as a true
							occur(s) in my/our financial financial statement and the

representations made herein as a true and accurate statement of my/our financial condition. I/we give authorization to make whatever credit inquiries Sun Surety Insurance Company deems necessary to verify the information contained in this financial statement is true and accurate.