



# State of West Virginia Offices of the Insurance Commissioner

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Allan L. McVey  
Insurance Commissioner

## Bail Bondsman Supplemental Application

1. **Name of Applicant:**
2. **If applicable, provide the name of your bail bonding business:**
3. **Driver's License or Identification Card Information**
  - a. State of Issuance:
  - b. Number:
4. **Indicate which type of bail bondsman license you are applying for:**  
 Professional Bondsman     Surety Bondsman
5. **Provide any training and/or experience you have relating to the occupation of bail bondsman:**
6. **Previous Bail Bonding Authority Information**
  - a. Have you ever been authorized to post criminal bonds in West Virginia or any other jurisdiction?     Yes     No
  - b. If you answered "Yes" above, have you ever had a bail bond forfeited?     Yes     No
  - c. If you had a bail bond forfeited, provide the name, address and phone number of an official to contact who would have knowledge of the forfeiture:
  - d. Have you ever been or are you currently in payment default of any forfeited bail bond in any jurisdiction?     Yes     No
  - e. If you answered "Yes" above, provide the following information:
    - I. Amount of bail bond regarding the default:
    - II. Date of forfeiture:
    - III. Name and address of the court related to the forfeiture:
  
    - IV. Style of the case in which the forfeiture was declared:
    - V. Status of the default:
  - f. If you currently have active bail bonds (meaning that the conditions of a bond issued by you remains unsatisfied), provide the total dollar amount for all bonds in which you are potentially liable:

**7. Answer the following *ONLY* if you are applying for a professional bondsman license:**

- a. What dollar limit of aggregate authority are you requesting in regard to issuing bail bonds (Note: Any pledged collateral must be sufficient to cover the limit):
- b. Describe the type of collateral you will be pledging to secure bail bonds:
- c. What is the dollar value of the collateral you will be pledging:

**8. Where applicable, the following documents *MUST* be submitted with this application for the application to be processed:**

- a. All applicants must submit:
  - I. Uniform Application for Individual Producer License/Registration;
  - II. Affidavit (see attached Form A);
  - III. FBI Privacy Act Statement (see attached Form E);
  - IV. List of each person employed by you or your business who engages in “bonding business,” which is defined in W. Va. Code §51-10-1 as “the business of becoming surety for compensation upon bonds in criminal cases in the State of West Virginia” (see attached Form B);
  - V. \$200.00 application fee by check made payable to the West Virginia Offices of the Insurance Commissioner or WVOIC. Checks should be mailed to:

**West Virginia Offices of the Insurance Commissioner  
ATTN: Licensing  
P.O. Box 50541  
Charleston, WV 25305-0541**

- b. Professional bondsman applicants who intend to use an Irrevocable Letter of Credit as security for issuing bail bonds must submit the following:
  - I. Irrevocable Letter of Credit completed by a financial institution that is substantially similar to the attached Form C; and
  - II. Power of Attorney authorizing the West Virginia Insurance Commissioner to sell and/or transfer pledged securities (see attached Form D).
- c. Professional bondsman applicants who intend to use cash as security for issuing bail bonds must submit the following:
  - I. A personal check, business check, money order, or cashier's check made payable to the West Virginia Offices of the Insurance Commissioner in the amount of the security being pledged; and
  - II. Power of Attorney authorizing the West Virginia Insurance Commissioner to sell and/or transfer pledged securities (see attached Form D).

**8. Where applicable, the following documents MUST be submitted with this application for the application to be processed: (Continued)**

d. Surety bondsman applicants must submit:

- I. Notice of Appointment from each insurer you are authorized to represent at initial license only, not renewal; and
- II. A qualifying Power of Attorney from each insurer that has provided you with a Notice of Appointment.

e. Non-resident surety bondsman applicants must submit:

- I. Proof that you are licensed and in good standing with your home state; and
- II. Proof that you have an insurance producer license with a limited lines surety line of authority or property and casualty line of authority.



## Bail Bondsman Affidavit

State of:

County of:

**BEFORE ME, the undersigned Notary,**  
[name of Notary before whom affidavit is sworn], on this [day of month]  
day of [month], 20 , personally appeared  
[name of affiant], known to me to be a credible person, who being by me first duly sworn, on  
[his/her] oath, deposes and says:

[He/She] has read and understands, and will in all respects abide by the terms and provisions of the West Virginia Insurance Commissioner's legislative rule entitled "Bail Bondsmen in Criminal Cases" (114 CSR 103) and W. Va. Code §51-10-1 *et. seq.*

**Signature of Affiant:**

**Typed or Printed Name of Affiant:**

**Address of Affiant:**

Subscribed and sworn to before me, this [day of month] day of  
[month], 20 .

**Signature of Notary:**

**Typed or Printed Name of Notary:**

**My commission expires:** , 20 .

**Notary Seal:**



IRREVOCABLE LETTER OF CREDIT NO. \_\_\_\_\_

LOC NUMBER

Date

**BENEFICIARY:**

**Insurance Commissioner of West Virginia,  
as regulator for bail bondsmen  
under Chapters 33 and 51 of the  
West Virginia Code  
Attention: Financial Conditions Section  
900 Pennsylvania Ave.  
Post Office Box 11410  
Charleston, West Virginia 25339-1410**

Dear Insurance Commissioner:

We hereby issue an irrevocable letter of credit no. \_\_\_\_\_ in favor of Insurance Commissioner of West Virginia, in the above stated capacity, at the request of and for the account of:

LOC NUMBER

\_\_\_\_\_  
BAIL BONDSMAN  
\_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY STATE ZIP

up to the aggregate sum of \_\_\_\_\_ U. S. dollars (\$ \_\_\_\_\_), effective immediately and expiring on \_\_\_\_\_.

We hereby undertake to promptly honor your sight draft(s) drawn on \_\_\_\_\_, indicating our Letter of Credit No. \_\_\_\_\_, for all or any part of this Letter of Credit if presented by the Insurance Commissioner of West Virginia at \_\_\_\_\_ on or before the expiration date or any automatically extended date.

BANK'S NAME

BANK'S ADDRESS

Any draft drawn under this credit must bear "DRAWN UNDER IRREVOCABLE LETTER OF CREDIT NO.

\_\_\_\_\_, ISSUED BY \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, ON \_\_\_\_\_."

LOC NUMBER

BANK'S NAME

STREET

CITY

STATE

DATE

This irrevocable letter of credit shall secure any liability, known or contingent, that has occurred, accrued to or is incurred by \_\_\_\_\_, pursuant to Chapters Thirty-Three and Fifty-One of the West Virginia Code, as amended, and West Virginia Code of State Rules, Title 114, Series 103, as amended.

BAIL BONDSMAN

We hereby engage with you that any draft drawn under and in compliance with the terms of this credit will be duly honored on presentation in person or by mail at our office at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, not later than the close of business on or before the expiration date specified above or any automatically extended date.

STREET

CITY

STATE

ZIP

Except as stated herein, this undertaking is not subject to any condition or qualification. The obligation of the bank under this letter of credit shall be the individual obligation of the bank, which is in no way contingent upon reimbursement with respect thereto, or upon the Bank's ability to perfect any lien, security interest or any other reimbursement.

It is a condition of this letter of credit that it shall be deemed automatically reissued and extended without amendment for one year from the expiration date hereof, or any future expiration date, unless at least sixty (60) days prior to any expiration date, we notify you by registered mail at the above address, or such other address as the beneficiary may provide to the bank in writing, provided the bank receives such change of address not later than ten business days before the deadline of the non-renewal notice, that we elect not to reissue and extend this letter of credit for any such additional period. Upon receipt of a sixty-day (60) election not to reissue and extend, the Insurance Commissioner of West Virginia is hereby invested with authority to call in the funds in their entirety represented by this letter of credit, although the bail bondsman is not then in default of any of its obligations under the said laws and rules of West Virginia.

It is a further condition of this letter that any interruption of the bank's conduct of business caused by an act of God, riot, civil commotion, insurrection, war or other cause beyond the bank's control, or by any strike or lockout, will automatically extend the expiration date hereof, occurring during the interruption in business, for thirty (30) days following the resumption of business.

Should you have occasion to communicate with us regarding this credit, kindly direct your communication to the attention of \_\_\_\_\_, at \_\_\_\_\_, making specific reference to our letter of credit number above.  
NAME ADDRESS

This letter of credit is subject to and governed by the "Uniform Customs and Practice for Documentary Credits" (2007 Revision), International Chamber of Commerce (Publication No. 600), and to the Uniform Commercial Code (§§ 46-5-101 *et seq.* of the West Virginia Code, 1931, as amended) and the other laws of the State of West Virginia. If any legal proceedings are initiated with respect to payment of this Letter of Credit it is agreed that such proceedings shall be subject to West Virginia courts and law.

\_\_\_\_\_  
NAME OF ISSUING BANK  
By: \_\_\_\_\_  
SIGNATURE OF AUTHORIZING OFFICER  
Its: \_\_\_\_\_  
TITLE  
\_\_\_\_\_  
PRINT NAME SIGNED ABOVE

SEAL  
(OR ATTACH CERTIFIED EXTRACT OF AUTHORITY)



**POWER OF ATTORNEY**  
**AUTHORIZING THE WEST VIRGINIA INSURANCE COMMISSIONER TO SELL**  
**OR TRANSFER SECURITIES DEPOSITED BY PROFESSIONAL BONDSMAN**

Know all men by these present that I, \_\_\_\_\_, a professional bondsman located in the County of \_\_\_\_\_, in the State of \_\_\_\_\_, do authorize and appoint for myself and my successors, heirs, and assigns, the West Virginia Insurance Commissioner (“Commissioner”), in the name and in behalf of myself as a professional bondsman, my true and lawful attorney to sell or transfer any securities deposited or pledged that may be deposited or pledged by me as a professional bondsman with the Commissioner, under the applicable laws and rules requiring a deposit of securities to me made by professional bondsmen doing business in the State of West Virginia, if the sale or transfer is considered necessary by a West Virginia court to pay any liability arising under a bond which purports to be given by the undersigned bondsman in any county in this State, and execution has been issued against me as a bondsman pursuant to a judgment on the bond, and the judgment has not been satisfied.

Bail Bondsman Typed/Printed Name: \_\_\_\_\_

Bail Company: \_\_\_\_\_

Company’s Current Address: \_\_\_\_\_

Bail Bondsman’s Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Typed/Printed Name: \_\_\_\_\_

Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Seal:



**PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Updated 9/9/2013

**I acknowledge that I have read the FBI Privacy Act Statement.**

Signature

Date