West Virginia Offices of the Insurance Commissioner

Licensing and Education Division

Bail Bondsman Supplemental Application

1. Name: _____ _____ _____
   First Middle Last
2. If applicable, provide the name of your bail bonding business: _____
3. Driver's License or Identification Card Information: _____ _____
   Number State of Issuance
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 a 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 following information for an official who would have knowledge of that forfeiture:
      i. Name: _____
      ii. Title: _____
      iii. Address: _____
      iv. Phone Number: _____
   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 that was forfeited: _____
      ii. Date of forfeiture: _____
      iii. Name and address of the court related to the forfeiture: _____
      iv. Style of case in which the forfeiture was declared: _____
      v. Status of 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: _____

Licensing and Education Division
P.O. Box 50541
Charleston, WV 25305

Telephone: (304) 558-0610
Fax: (304) 558-4966
www.wvinsurance.gov

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 it to be processed:
    a. Required of ALL applicants:
        i. Uniform Application for Individual Producer License/Registration
        ii. Affidavit (Form A)
        iii. FBI Privacy Act Statement (Form E)
        iv. Employees Engaged in Bonding Business (Form B)
        v. $200.00 application fee, paid by check or money order, made payable to WVOIC
    b. Required of Professional Bondsman applicants choosing to use an Irrevocable Letter of Credit as security for issuing bail bonds:
        i. Irrevocable Letter of Credit (Form C)
        ii. Power of Attorney for the West Virginia Insurance Commissioner (Form D)
    c. Required of Professional Bondsman applications choosing to use cash as security for issuing bail bonds:
        i. A personal or business check, money order, or cashier's check made payable to the WVOIC in the amount of the security being pledged
        ii. Power of Attorney for the West Virginia Insurance Commissioner (Form D)
    d. Required of Surety Bondsman applicants:
        i. Notice of Appointment from each insurer you are authorized to represent (required for initial license only, not renewal)
        ii. A qualifying Power of Attorney from each insurer that has provided you with a Notice of Appointment
    e. Required of Non-Resident Surety Bondsman applicants:
        i. Proof that you are licensed and in good standing with your home state
        ii. Proof that you have an insurance producer license with a limited lines surety line of authority or property casualty line of authority
9. If there are counties you prefer to work in, please list them:

_____

_____

Please mail the completed application, all required additional forms, and a check for the application fee to:

West Virginia Offices of the Insurance Commissioner
Licensing and Education Division
P.O. Box 50541
Charleston, WV 25305-0541

Form A

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___ [year], 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 entitle "Bail Bondsmen in Criminal Cases" (§114 CSR 103) and W. Va. Code §51-10-1 *et. seq.*

_____ _____

Affiant Signature Printed Name

Address of Affiant: _____

_____

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

_____ _____

Notary Public Signature Printed Name

Notary Public for _____ County, State of _____.

Notary Seal: Commission Expires: _____

Form B

Employees Engaged in the Bonding Business

You must list 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".

Name	Birthdate	Home Address	NPN

PLACE ON BANK'S LETTERHEAD

Form C

Irrevocable Letter of Credit No.

_____
LOC Number

_____
Date

BENEFICIARY:
West Virginia Insurance Commissioner
As regulator for bail bondsmen under W. Va. Code Chapters 33 and 51
ATTN: Licensing and Education Division
900 Pennsylvania Ave.
P.O. Box 50541
Charleston, WV 25305-0541

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 Address

_____ _____ _____
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
LOC Number
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 33 and 51 of the West Virginia Code, as amended, and West Virginia Code of State Rules, Title 114, Series 103, as amended.
Bail Bondsman's Name

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 offices 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 Code

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 (10) 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 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
Name Address
specific reference to our letter of credit number above.

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 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 laws.

_____
Name of Issuing Bank

By: _____
Signature of Authorizing Officer

Its: _____
Title

_____
Printed Name of Authorizing Officer

SEAL: (or attach Certified Extract of Authority)

Form D

Power of Attorney

Authorizing the West Virginia Insurance Commissioner to sell or transfer securities deposited by Professional Bondsmen.

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 on 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 be 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 Signature Bail Bondsman Printed Name

Bail Company: _____

Company's Current Address: _____

Sworn to before me this _____ day of _____, 20____.

_____ _____

Notary Public Signature Printed Name

Notary Public for _____ County, State of _____.

Notary Seal: Commission Expires: _____

Form E

FBI Privacy Act Statement

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**