

APPENDIX B



**AFFIDAVIT**

**Yearly report July 1, 20 \_\_\_\_ through June 30, 201 \_\_\_\_**

**BAIL BONDING AGENT NAME: \_\_\_\_\_**

**STATE OF COLORADO**

**County of \_\_\_\_\_ ss.**

I, \_\_\_\_\_, being first duly sworn, state that this report, is a complete, true and correct statement of my activities as a Bail Bonding Agent for the stated period.  
*(TYPEWRITTEN NAME OF BAIL BONDING AGENT)*

I understand that any false, incomplete or deceptive representation herein constitutes good and sufficient cause for revocation of my producer license by the Colorado Division of Insurance.

I authorize any person to disclose to the Colorado Division of Insurance any information regarding bail bonds written by me and collateral accepted by me.

\_\_\_\_\_  
*SIGNATURE OF BAIL BONDING AGENT*

\_\_\_\_\_  
*LICENSE NUMBER*

\_\_\_\_\_  
*DATE*

<p>Subscribed and sworn to before me this</p> <p>_____ day of _____ (Year)</p> <p>My Commission Expires: _____</p> <p>_____ NOTARY PUBLIC</p>	<p>All reports shall be filed in electronic format either by email to: <a href="mailto:filebailreport@dora.state.co.us">filebailreport@dora.state.co.us</a>, or via facsimile to: 303-869-0228.</p> <p>Paper reports will not be accepted by the Division of Insurance and will be rejected and returned to the bail bonding agent with instructions for proper filing.</p> <p>Any paper report that is rejected must be refiled electronically and must be timely filed as required by Section 5.A of Division Regulation 1-2-14.</p> <p>Noncompliance with this requirement may result in sanctions against the bail bonding agent</p>
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