

**Pioneer General Insurance Company**  
A member of HCC Surety Group  
333 W. Hampden Ave., Suite 815  
Englewood CO 80110  
Phone: 303-649-9163 Fax: 303-649-9517

**APPLICATION FOR BAIL BOND AGENCY**  
(Please type or print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Pager #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you presently in the bail bond business? Y N if so, How long? \_\_\_\_\_ Bail License # \_\_\_\_\_ State: \_\_\_\_\_

What volume of business are you now writing? \_\_\_\_\_

Please submit the name, address, and phone numbers of three references:

1. \_\_\_\_\_

Name	Address	City	State	Zip	Phone	Relationship
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2. \_\_\_\_\_

Name	Address	City	State	Zip	Phone	Relationship
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3. \_\_\_\_\_

Name	Address	City	State	Zip	Phone	Relationship
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Re: Title 28 Privacy Act, Freedom of Information Act, Title 6 Fair Credit Reporting Act, Public Law 91-508: In connection with my application for bail bond agency/bail bond agent with Pioneer General Insurance Company, I understand that investigative inquires are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Pioneer General Insurance Company or its representative to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from US Datalink, national Credit Information Network (WDIA), or other source deemed necessary and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_





**1. STOCKS AND BONDS**

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
Totals:					

**2. ACCOUNTS RECEIVABLE**

Name and Address (street & City) From Whom Due	For What is it Due	When Sold	When Due	Amount
Totals:				

**3. NOTES RECEIVABLE**

Name and Address (street & City) From Whom Due	For What is it Due	How Secured	Date	Maturity	Amount
Totals:					

**4. REAL ESTATE**

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
Totals:							

**5. LIFE INSURANCE - CASH VALUE**

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed
Totals:						

**6. OTHER ASSETS AND LIABILITIES**

Other Current Assets (Itemize)	Other Current Liabilities (Itemize)	Amount
Totals:		

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporation in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

S.S. No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S. No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_