



# Business Entity Surety Bail Bond License Application

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2665 | 614-387-0087 (Fax) | insurance.ohio.gov

(Please Print or Type)

**Check appropriate box for license requested:**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

### Demographic Information

① Business Entity's Name		② Incorporation/Formation Date (MM/DD/YY)		③ FEIN	
④ If assigned, National Producer Number (NPN)			⑤ If applicable, FINRA Firm Central Registration Depository (CRD)		
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.				⑦ State of Domicile	⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No					
⑩ Business Address (Physical Street)		⑪ City	⑫ State	⑬ Zip or Foreign Country	
⑭ Phone Number (include extension) ( )	⑮ Fax Number ( )	⑯ Business E-Mail Address		⑰ Business Web Site Address	
⑱ Mailing Address		⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip or Foreign County

### Designated/Responsible Licensed Producer

⑳ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.

Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____

### Owners, Partners, Officers and Directors

㉔ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company.

Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____

### Background Information

**25** Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime or had a judgment withheld or deferred, or are you currently charged with committing a crime?  Yes  No

**Note: "Crime"** includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. **"Convicted"** includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If Yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?  Yes  No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanction or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If Yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.  Yes  No

If Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer, director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?  Yes  No

If Yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  Yes  No

If Yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitrations, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer, director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  Yes  No

If Yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?  N/A  Yes  No

If Yes, will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?  N/A  Yes  No

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Applicant's Initials \_\_\_\_\_

Background Information (continued)

- 8. Are any of the owners, partners, officers, directors or employees: [ ] Yes [ ] No
a) A jailor or other person employed in a detention facility...
b) A prisoner incarcerated in any jail, prison...
c) A peace officer...
d) A committing magistrate...
e) An attorney...
f) Any other person having the power to arrest...
9. Do you understand that any Ohio licensed individual initially licensed as a surety bail bond agent may not execute or deliver a bond during the first 180 days after licensure? [ ] Yes [ ] No
10. Do you understand that any individual licensed as an Ohio surety bail bond agent are required to complete seven continuing education credits annually... [ ] Yes [ ] No

Applicant's Certification and Attestation

26 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete...
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Commissioner, Director or Superintendent of Insurance...
3. The business entity or limited liability company grants permission to the Commissioner, Director or Superintendent of Insurance...
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either (a) does not have a current child-support obligation...
5. I authorize the jurisdictions to which this application is made to give any information concerning me...
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying...
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state...
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company who has authority to act on behalf of the business entity:

Signature \_\_\_\_\_ Date \_\_\_\_\_
Type or Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Title \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Application Attachments

- 27 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.
1. Non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$150.00;
2. Must be registered with the Ohio Secretary of State;
3. Must have a responsible designated producer affiliated to the business entity; and
4. If necessary, any required supporting details or documents.