

**INTERNATIONAL CREDIT OF NORTH AMERICA REINSURANCE INC.**

**Bail Bond Department**

**P.O. Box 4376 Davenport, IA 52808-4376**

**Phone: (563) 326-5366 Fax: (563) 326-2103**

**APPLICATION FOR BAIL BOND AGENCY**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Are you currently in the Bail Bond business? YES / NO If so, how long? \_\_\_\_\_ License No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (     ) \_\_\_\_\_ Mobile Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Name of Current/Former Surety Company: \_\_\_\_\_

Outstanding Liability: \$ \_\_\_\_\_ Amount in Build Up Fund: \$ \_\_\_\_\_

Liability Written in the Last 12 Months: \$ \_\_\_\_\_ Current Open/Active Forfeitures: \$ \_\_\_\_\_

Counties Where You Will Write Bail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**REFERENCES:** Name:

Address:

Phone Numbers:

Name:	Address:	Phone Numbers:

**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 with Williams, I understand that investigative inquiries 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 my 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 Williams to furnish the above mentioned information.

I hereby consent to your obtaining the above information from Trans Union, National Information Network, 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. Thank you.

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