



### BAIL ENFORCEMENT APPLICATION

**A. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

**Other Locations Used:**

Physical Address: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

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

Please list any other names the business is or has been known by:

\_\_\_\_\_

Producer Name: \_\_\_\_\_ Producer Phone Number: \_\_\_\_\_

Producer Email: \_\_\_\_\_

Detailed description of business activities (specifically, and by location):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant is: Individual Corporation Partnership Joint Venture Other: \_\_\_\_\_

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business:

\_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business:

\_\_\_\_\_

\_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test:

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes    No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes    No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes    No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes    No

If the standard markets are declining placement, please explain why:

\_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

	\$50,000/\$100,000		\$25,000/\$50,000/\$100,000
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	\$150,000/\$300,000		\$75,000/\$150,000/\$300,000
	\$250,000/\$1,000,000		\$100,000/\$250,000/\$1,000,000
	\$500,000/\$1,000,000		\$250,000/\$500,000/\$1,000,000
	Other: _____		Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

- Please list Annual Gross Receipts: \$ \_\_\_\_\_
- Please check all of the following you perform and an estimated % of time devoted to each:

Type of Work	% of Time	Type of Work	% of Time
Fugitive recovery	_____	Skip tracing	_____
High-risk warrants	_____	Prisoner Transport	_____
Other warrants	_____	Property Seizure	_____
Surveillance	_____	Investigations	_____
Defendant monitoring	_____	Forced Entries	_____
Negotiations	_____	Hostage Rescue	_____
Other: _____	_____		_____

- Please describe instruction or training Applicant has had in regards to your profession:

\_\_\_\_\_

\_\_\_\_\_

- Please list any certificates, licenses, or achievements applicant has received in your field:

\_\_\_\_\_

\_\_\_\_\_

- Please list any organizations or associations to which applicant is a member of:

\_\_\_\_\_

\_\_\_\_\_

- Please list any weapons applicant carries:

\_\_\_\_\_

- Is the applicant involved in the physical capture of an individual? Yes No

a. If yes, explain applicant's method and involvement:

\_\_\_\_\_

\_\_\_\_\_

- Please state the number of years of experience you have as a Bail Enforcement Agent.: \_\_\_\_\_

- How many bail fugitive arrests have you performed? \_\_\_\_\_

- From which training organization and in what year did you receive entry-level training in bail enforcement?  
Please indicate number of hours and type of training (e. g. classroom, correspondence).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Which of the following techniques or equipment do you utilize during course of making an arrest of a bail fugitive? SEE NEXT PAGE

Technique/Equipment	Formal Training Completed?	Training Organization	Instructor Name	Certification Received?	Frequency of Use
Handcuffs	Yes No			Yes No N/A	Regular Occasional Infrequent
OC ("pepper spray")	Yes No			Yes No N/A	Regular Occasional Infrequent
Expandable baton or other impact weapon	Yes No			Yes No N/A	Regular Occasional Infrequent
Non-lethal weapon (e.g. taser, rubber ball, or net propelled by shotgun or other firearm)	Yes No			Yes No N/A	Regular Occasional Infrequent
Revolver(s)	Yes No			Yes No N/A	Regular Occasional Infrequent
Semi-automatic pistol(s)	Yes No			Yes No N/A	Regular Occasional Infrequent
Shotgun	Yes No			Yes No N/A	Regular Occasional Infrequent
Rifle(s)	Yes No			Yes No N/A	Regular Occasional Infrequent
Arrest/take-down procedures or martial arts: Specify form and belt earned:	Yes No			Yes No N/A	Regular Occasional Infrequent
Special Weapons and Tactics (SWAT)	Yes No			Yes No N/A	Regular Occasional Infrequent
First Aid, CPR, EMT, paramedic, etc.	Yes No			Yes No N/A	Regular Occasional Infrequent

Technique/Equipment	Formal Training Completed?	Training Organization	Instructor Name	Certification Received?	Frequency of Use
Other:	Yes No			Yes No N/A	Regular Occasional Infrequent

12. Have you successfully completed in-service, re-qualification, or "refresher" training in any of the above? If so, please state from what organization and instructor and when such training was obtained.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Please describe the protocol you follow for handling any personal property (e.g., evidence, firearms, drugs, clothing, etc.): \_\_\_\_\_

14. Please describe the protocol you follow for handling any hazardous materials (e.g., flammable and/or combustible material, meth labs, biohazard substances, etc.):

\_\_\_\_\_

\_\_\_\_\_

15. In which states are you currently authorized by law to carry concealed weapons? Please specify when such authorization will expire in each state. (attach additional sheet if necessary)

State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

16. Are you a former sworn law enforcement officer or a military veteran? Please indicate (a) affiliations and dates of service; (b) nature and location of your duties; (c) whether separation from any such organization was under less-than-honorable conditions; and (d) whether you received any honors and awards in connection with such service (please list and describe).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Please identify all types of restraints you use:

- Metallic Handcuffs    Thumbcuffs    Body Wraps/Emergency Response Belt®    Waist Chains  
 Gang Chains    Hobbles    Seat Belts    Transport Belts    Leg Braces  
 Single-use Disposable Restraints    Restraint Bags    Handcuff Blocks    Nylons Straps/Restraints  
 Other: \_\_\_\_\_

18. If using restraints that have a double-locking feature, is this feature always utilized in a timely manner when restraints are in use? Yes    No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name