



APPLICATION FOR BAIL AGENT PROFESSIONAL LIABILITY COVERAGE

Return Applications to: **Fox Point Programs, Inc.**
250 Philadelphia Pike, 2nd Floor
Wilmington, DE 19809
800-499-7242 • Fax: 302-472-8529
www.foxpointprg.com

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS. COVERAGE IS NOT CONSIDERED IN-FORCE UNTIL A FORMAL BINDER NOTICE IS RECEIVED.

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. COVERAGE OFFERED UNDER TERMS SET FORTH IN POLICY NUMBER AHJ03(M).

Name of Applicant _____
Applicant Address _____
City _____
State _____ Zip _____
Tel (____) _____ Fax (____) _____
Email _____

Rates below are for applicants generating gross revenues of \$200,000 or less annually. All policies are issued with a \$5,000 deductible. Firms with annual incomes in excess of \$200,000 should contact Fox Point Programs.

Select	Limit of Liability	Premium	Policy Fee (Required)	Total Due (Premium + Fee)
<input type="checkbox"/>	\$500,000/\$500,000	\$1,050.00	+\$100.00	\$1,150.00
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$1,200.00	+\$100.00	\$1,300.00

Date Business Established _____ Federal ID Number _____ License Number _____

What background do the principals of this organization have in the Law Enforcement/Bail Industry? _____

Type of agent: Liable Non-Liable Property Certified CBA: Yes No

Total number of employees _____ (Please indicate breakdown below)

Bail Agents _____ Sub Agents _____ Recovery Agents _____ Clerical Employees _____ Other Employees _____

Do you use independent contractors? Yes No Do they carry their own insurance? Yes No

Annual gross receipts (not bond premium, your office sales) \$ _____ Annual number of bail bonds written _____ Average Dollar amount of a bail bond written \$ _____

Annual number of defendants apprehended by: Your Firm _____ Recovery Agents _____ You For Others _____

Are weapons used? Yes No If "Yes", list types: _____

Provide description of how/when used: _____

Do you write any other types of bond (ie: civil bonds, notary publics, investigator bonds, etc)? Yes No If "Yes", what types: _____

Previous professional liability insurer _____ Expiration date: _____

Have you incurred any professional liability losses over the past 3 years? Yes No If "Yes", please attach summary of losses.

Training: (please provide the number of hours of training for each category) Total number of annual training hours _____

On-the-job training _____ Classroom training _____ Other, describe: _____ hours _____

Pre-Employment Screening: Fingerprints ... Yes No Honesty Testing Yes No Prior Employer..... Yes No
Drug Testing .. Yes No Psychological Testing... Yes No Personal Interview .. Yes No

Payment A Check For Full Amount Due, Payable To Fox Point Programs, Inc.

Options B Credit Card: VISA MasterCard AMEX

_____ CREDIT CARD NUMBER

_____ EXP DAT

Date _____ Applicant's Authorized Signature _____

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By you signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy.

The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.

Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount.

The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

APPLICANT _____

BY _____

TITLE _____

DATE _____