



ROCHE SURETY AND CASUALTY CO., INC.  
 4107 N. Himes Avenue • 2nd Floor • Tampa, FL 33607  
 (813) 623-5042 • (800) 789-3899 • Fax (813) 623-5939

# APPLICATION FOR BAIL AGENCY CONTRACT

**THIS STATEMENT MUST BE COMPLETED IN FULL BY THE APPLICANT IN HIS/HER OWN HANDWRITING.**

Full Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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

Name of Business / Agency: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Years Residing at Home Address: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Marital Status:  Single  Married  Divorced

Bail Agent License No.: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupations for Last Two Years: \_\_\_\_\_

Companies Represented (Past and Present): \_\_\_\_\_

Reason for Seeking New Market: \_\_\_\_\_

How Much Time Will You Devote to the Business? \_\_\_\_\_

Estimated Annual Penal Production: \$ \_\_\_\_\_

Territory Requested: \_\_\_\_\_

How did you hear about Roche Surety? \_\_\_\_\_

**I Have Been Employed During the Past Seven Years As Follows:**

Employer's Name	Employer's Address	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I Am Pleased to Submit the Following Persons as References:**

Name of Reference	Address	Relationship	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that in the foregoing declarations, I have stated the truth, without reservation, for the purpose of securing contract and further agree, should this application be accepted, that I will abide by the rules and instructions given me by the Company, directly or through manuals and other forms, and will honestly and faithfully perform the duties required of me on the part of the Company. Authority is hereby granted to any individual firm or corporation, and any financial institution to furnish **Roche Surety And Casualty Co., Inc.** upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

Dated at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

**NOTE: A COMPLETE APPLICATION FOR BAIL AGENCY CONTRACT MUST BE COMPLETED FOR EACH PRINCIPAL PARTNER OF THE AGENCY.**