

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Instructions

Audits which have findings:

The surety company audit findings report form should be utilized to submit the required reports of violations/discrepancies. Please complete this form and attach all relevant documents, including copies of letters/notifications sent to the agent, as well as **complete copies of the files reviewed which were found to be deficient.**

The form contains sections to include the specific power number, case/docket number and defendant names on those files for which issues have been identified.

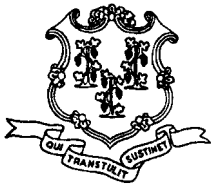
If information is not available, please complete the form with as much detail as possible. If available, however, all requested information must be provided.

If possible, Companies should obtain sign-off from their agents acknowledging that all documents have been provided during the audit and none remain outstanding. Please see attached "SURETY COMPANY BAIL BOND AGENT SEMI-ANNUAL AUDIT ACKNOWLEDGEMENT FORM".

Audits which have found no discrepancies:

Should no issues have been found, please provide only the last page of this form titled **SURETY COMPANY SEMI-ANNUAL AUDIT "NO FINDINGS" REPORT FORM** as the submission.

If you have questions, please contact the Fraud & Investigations Unit at 860-297-3933 or by email at Bailbonds@Ct.Gov



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Surety Company Audit Findings Report Form

Business Name of Reporting Surety Company:

NAIC Number: _____ Date audit was completed: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Timeframe(s) which audit reviewed: _____

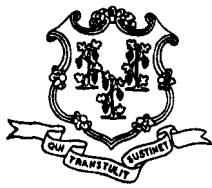
Was a letter of notification sent to the agent advising of the audit? Yes ___ No ___
(If yes, please attach copy with this form.)

Was a signed acknowledgement obtained from agent? Yes ___ No ___
(If yes, please attach copy with this form)

Was an audit final report provided to the agent and/or general managing agent?
Yes ___ No ___ (If yes, please attach copy with this form).

Total Number of Bail Bond Agents Currently Appointed with Company: _____

Total Number of Bail Bond Agents Reviewed During Audit Period: _____



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Issues identified (check all that apply):

Failure to collect full premium

Failure to maintain receipts

Failure to obtain defendant authorization

Failure to keep records

Other: (Please Explain)

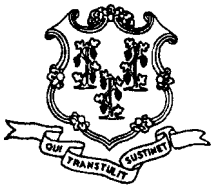
Failure to return collateral

Name of Surety Bail Bond Agent: _____

License Number: _____

Bail Bond Agent Business Name (if applicable):

Brief description of findings and possible violations (please attach copies of relevant file documents with statement):



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RELEVANT CASE SHEET:

A:

Name of Defendant: _____

Related Case/Docket Number(s):

Power Number(s):

Date Power Number Executed: _____

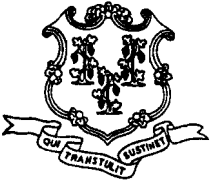
B:

Name of Defendant:

Related Case/Docket Number(s):

Power Number(s):

Date Power Number Executed: _____



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RELEVANT CASE SHEET:

C:

Name of Defendant: _____

Related Case/Docket Number(s):

Power Number(s):

Date Power Number Executed: _____

D:

Name of Defendant: _____

Related Case/Docket Number(s):

Power Number(s):

Date Power Number Executed: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)



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SURETY COMPANY BAIL BOND AGENT SEMI-ANNUAL AUDIT ACKNOWLEDGEMENT FORM

Semi-Annual Surety Company Audit Completion Acknowledgement

By signing my name below, I acknowledge that during the course of this audit by my Surety Company, I have supplied all true and complete files, records and documents relative to the cases and dates examined.

I acknowledge that no other documents are outstanding or have been withheld.

I also acknowledge that the full and complete files have been returned to my possession by the company representatives who conducted the examination.

PRINTED NAME: _____

DATE: _____ LICENSE NUMBER: _____

SIGNATURE:

I CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE PERSON NAMED HEREIN AND THAT ALL INFORMATION SUBMITTED ON THIS REPORT FORM IS TRUE AND COMPLETE. I ATTEST THAT I HAVE THE AUTHORITY AND CAPACITY TO EXECUTE THIS CERTIFICATION. I AM AWARE THAT SUBMITTING FALSE INFORMATION OR OMITTING PERTINENT OR MATERIAL INFORMATION IN CONNECTION WITH THIS REPORT IS GROUNDS FOR ADMINISTRATIVE SANCTION BY THE DEPARTMENT.

SURETY COMPANY NAME _____

NAIC NUMBER _____ DATE AUDIT COMPLETED _____

AUTHORIZED COMPANY REPRESENTATIVE NAME



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SURETY COMPANY SEMI-ANNUAL AUDIT "NO FINDINGS" REPORT FORM

***Use this form ONLY to report that there were no discrepancies detected during the audit period.*

This form is being utilized to Report to the Connecticut Insurance Department that the Surety Company Named herein has conducted an audit for which no violation under 38a-660 has been found. The Company named herein is reporting to the Department that the bail bond agents audited by the company charged correct premium for the time period reviewed.

NAME OF SURETY COMPANY _____

NAIC NUMBER _____ DATE AUDIT COMPLETED _____

TIME PERIOD REVIEWED DURING AUDIT _____

NUMBER OF CURRENTLY APPOINTED BAILBOND AGENTS _____

NUMBER OF BAIL BOND AGENTS REVIEWED DURING AUDIT _____

NAME OF REPORTING PERSON _____

TITLE _____

PHONE _____ EMAIL _____

SIGNATURE _____

I CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE PERSON NAMED HEREIN AND THAT ALL INFORMATION SUBMITTED ON THIS REPORT FORM IS TRUE AND COMPLETE. I ATTEST THAT I HAVE THE AUTHORITY AND CAPACITY TO EXECUTE THIS CERTIFICATION. I AM AWARE THAT SUBMITTING FALSE INFORMATION OR OMITTING PERTINENT OR MATERIAL INFORMATION IN CONNECTION WITH THIS REPORT IS GROUNDS FOR ADMINISTRATIVE SANCTION BY THE DEPARTMENT.