



STATE OF CONNECTICUT INSURANCE DEPARTMENT
Application for DUPLICATE/REPLACEMENT
SURETY BAIL BOND AGENT LICENSE
Make check payable to: "Treasurer, State of Connecticut"

Fee: \$50.00

For Dept Use Only
 Date: _____
 Filing Fee: _____
 License Fee: _____

PRINT OR TYPE

| | | | | |
|---|-----------|-------------------------|-------------------|---------------------------|
| Social Security # | License # | Date of Birth | Name of Applicant | |
| Address (Street) | | City | State | Zip |
| Mailing Address (if different from above) | | City | State | Zip |
| Home Phone Number | | Email Address | | |
| Business Name (if you are an owner, partner, officer, or director of the business) OR Employer's Name | | | | |
| Business Address (if different from above) | | City | State | Zip |
| Business Phone Number | | Business E-mail Address | | Business Web Site Address |
| Reason for Requesting a Duplicate License (in detail): | | | | |

Background Information

The Applicant must read the following very carefully and answer every question:

- Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?** If you answer yes, you must attach a written statement explaining the circumstances of each incident, a copy of the charging document, and a copy of the official document which demonstrates the resolution of the charges or any final judgment. "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine. Yes ___ No ___
- Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?** If you answer yes, attach particulars. Yes ___ No ___
- Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or federal, state or municipal agency, or have you ever been subject to a bankruptcy proceeding?** If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and in the case of a bankruptcy proceeding, the type and location of the bankruptcy. Yes ___ No ___
- Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?** If you answer yes, identify the jurisdiction(s): _____ Yes ___ No ___
- Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?** If you answer yes, you must attach to this application: a written statement summarizing the details of each incident, a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and a copy of the official document which demonstrates the resolution of the charges or any final judgment. Yes ___ No ___
- Have you or any business in which you are or were an owner, partner, officer or director ever had a bail bond agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?** If you answer yes, you must attach to this application: a written statement summarizing the details of each incident, and copies of all relevant documents. Yes ___ No ___
- Do you have a child support obligation in arrearage?** If you answer yes, by how many months are you in arrearage? _____ Yes ___ No ___
- Are you the subject of a child support related subpoena or warrant?** Yes ___ No ___

Applicant's Certification and Attestation

I hereby certify that, under penalty or perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I understand that if my request for a duplicate/replacement license is granted, my existing license number and all existing appointments will be cancelled and I will be required to obtain new appointments under my new license number.

Original Signature of Applicant: _____ Date Signed: _____

Printed Name of Applicant: _____